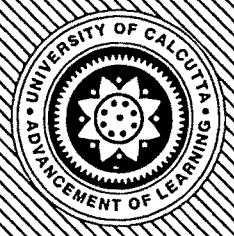
Journal Of The Department of Anthropology

OLUME : 6 DECEMBER : 2000 NUMBER : 1



UNIVERSITY OF CALCUTTA

JOURNAL OF THE
DEPARTMENT OF ANTHROPOLOGY
UNIVERSITY OF CALCUTTA
35, BALLYGUNGE CIRCULAR ROAD
CALCUTTA – 700 019

EDITOR

RANJANA RAY

EDITORIAL BOARD

PUBLISHED BY

DEPARTMENT OF ANTHROPOLOGY
UNIVERSITY OF CALCUTTA
35, BALLYGUNGE CIRCULAR ROAD
CALCUTTA – 700 019

PRINTED BY

CALCUTTA UNIVERSITY PRESS
HAZRA ROAD
CALCUTTA – 700 019

VOL. 6 NO. 1

JOURNAL OF THE DEPARTMENT OF ANTHROPOLOGY UNIVERSITY OF CALCUTTA

CALCUTTA
2000

P 23486

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Editorial

Department of Anthropology has got several emerging areas of research. These have come up as a result of accumulation of knowledge and expertise generated through the works of stalwarts in the field of anthropology who adorned the faculty of this department both in the past and at present. Most of them had their initial training in this University. Out of these areas of research, emphasis is given on the problems of weaker section, women and the ageds, in the present issue.

This volume has contribution of papers which were presented for the National Seminar on the problems of aged, women, weaker section and disables, held on March 29 and 30, 2000 under the auspices of UGC supported grant in the level of DSA phase II.

Urmimala Sarkar (Munsi) has worked on the women who are although trained for performing art in the temple are nothing but forced sex workers in their other life. This work is mainly done in the context of the state of Karnataka. Literature survey from Vedic period to the present day shows how the position of the dancing girls in the name of the god Yallamma, in the temple are justified through folklores. These women coming from poverty stricken background are exploited in the name of religion by influential and affluent men.

The paper by D.P. Biswas, Assistant Anthropologist, Anthropological Survey of India, is on the Namasudra, one of the scheduled castes of West Bengal who have mostly migrated from Bangladesh. He has focused on the migrant women of this caste. These women had to change their attitude, role and position in a new set up. The Namasudra women studied had a fairly comfortable life before they were forced to migrate. They mainly were engaged in household jobs because the family land holding was sufficient to provide for them. Displacement into India had forced these women to take up the role of earning to provide for their families. They took up works like, daily labourer in construction, agriculture and in factories. Thereby there is a change with the improvement of social status and economic level.

Swaswati Biswas, senior lecture, Department of Sociology, University of North Bengal , examined, how far the agenda of Health for All (HFA) by the year 2000 has been fulfilled. She has mainly taken the budgetary reduction both in state and Central Government as indication for the condition of health of Weaker section of this country. She has discussed the primary health care system, status of health of women, children and underprivileged. These are done specially in the light of reduced expenditure on health. She has concluded with a depressed note pointing out the deficit between the Alma Ata resolution and practical implementation of health care in this country for the twenty first century.

Technological development has influenced agriculture. Mechanization has enhanced the yield. Sankha Priya Guha has taken up his study in Bankura district. Two villages are selected with a view to the understanding of the amount of mechanization available in the villages. He has compared the mechanization and the role of women in agriculture.

A study on the reproductive behaviour of Oraon women of Midnapur town had been studied by Manibrata and Bela Bhattacharya. The first author, a professor in Anthropology, Calcutta University and the second, Reader in Anthropology, Vidyasagar University. 151 families residing at Midnapur town had been selected for study. For proper understanding of the reproductive behaviour parameters like, income and education are taken. The birth control and reproductive behaviour appear to have been largely influenced by the values of the Urban centre.

Paper by Sanchita Ghatak of Anthropological Survey of India has projected the position of Lachenpa Women who have settled in Lachenpa valley of Sikkim from Paro in Bhutan. These women play a very important role in the economic activities of the community Lachenpa, a group belonging to Bhutias. It is interesting to see that these women who contribute so much in the economy of the villages are much dominated by their men folk in their socio-political life.

The paper by N.K. Behura, retired Professor of Anthropology, Utkal University and R.P. Mohanty, N.K.C. Centre for Development studies has deliberated upon the social situation of middle class aged living in the urban

fringe area of Bhubaneswar city. The authors have tackled the problems by taking note of the living condition, economic and physical support, food habit, their health condition and mode of treatment. The authors have suggested plans for future in terms of betterment of their condition.

D. Tyagi, Joint Director, Anthropological Survey of India had delivered the key note address. His address on the 'Aged in India: Some issues' is a valuable contribution to this volume. He has defined the most crucial point, that is, the concept of old age together with literature survey. He has dealt with problems of old age and has analysed the factors for those. He has discussed the situation in India and has recommended certain important measures for the care of the old people.

Monidipa Datta Gupta has made a general description of the problems of the aged in the perspective of present day situation.

Paromita Dasgupta has done research work among the Santal communities living in the village Belkuli in Burdwan district, West Bengal. She has focused on the aged tribal women. These women are living away from their traditional homeland. Much distress is created for both the aged and the young with the loss of traditional social structure.

Soumitra Basu's paper is on the status, role and relationship of elderly women with the other members in the family. He has done work in two CMC wards in the industrial areas. The condition of the female depend mainly on the financial situation.

Finally the paper by Sudip Datta Banik is on the problem of vision that the ageds face. He has discussed on the various types and causes of macular degeneration and has suggested that biotechnological research in this respect may help the senior citizens of this country to be rid of this distress situation.

Ranjana Ray

The *Jogtins* of Karnataka : *Ganikas* Dedicated to a Goddess.

URMIMALA SARKAR (MUNSI)

Key Words: Women, dancer, patrons, folklore

Abstract: *Ganikas*, according to the ancient Indian literature were beautiful and specially gifted women, trained in the fine arts like music, songs and dance and were supposed to entertain the kings and any other wealthy patron. They were held in very high esteem by the society.

In continuation of this dying tradition, the *Jogtin* of Karnataka and Maharastra are dedicated to the goddess Yallamma. With passage of time, the idea of service of the goddess has actually taken a place of secondary importance and today these women live a life of social outcastes generally earning their living through prostitution.

The society has invented the position of such women with the help of local folklore which continues to justify the marriage of young girls from poor families to the goddess Yallamma and thus becoming the properties of the whole society.

THE BACKGROUND

Traces of the existence of *Ganikas* have been found in the literature of the Vedic period. The *Ganika* is an ancient institution in India, and the word is used as the feminine form of *Ganaka*, which literally means a person, bought for a large sum. In *Natyashastra* (c.300 BC) it is said that the king always holds the *Ganikas* in very high esteem and gives them a place of respect due to her virtues and skills. But in return she has to be available whenever asked for. According to Bharata the *Ganika* is a beautiful and specially gifted woman. The *Ganikas* were trained in fine arts like music, songs, and dance and were supposed to entertain the kings and any other wealthy patron on religious and social occasions. A great lot of material is available on *Ganikas* in the Buddhist and Jain literature as well. In Buddhist literature it is mentioned that a king's harem could sometimes house about 16000 dancing girls (*Jataka* I and III). Any girl from any caste or class could be brought to the harem by the king. Although women from royal families learnt the fine arts too but they did not belong to the same category with the *Ganikas*. The *Ganikas* were sought and admired by the people because of their special gifts – their accomplishments, intellectual as well as physical, and their

talents and mastery over dance and music. They played an important role in preserving the cultural heritage of the country.

However, it appears that even though a high ceremonious status was accorded to the *Ganikas*, their actual position in the society had two sides to it. On the one hand, their artistic talents were admired and respected, while on the other, they were insulted and scoffed at as social outcasts.

In the *Nayadhammakahao* (300 – 400 BC) – one of Jain texts, Devadutta, a rich courtesan was said to have been well-versed in sixty-four accomplishments of a courtesan; she was able to entertain a male client in thirty-two different ways; she knew eighteen local dialects; had exceptional talent as a dancer and a singer; and was well-versed in the science of the erotics. She was given the right to travel by a palanquin all the time by the king himself; had the royal sanction to carry an umbrella; was the chief of thousand courtesans and her fees were a thousand coins.

The study of random examples from the ancient texts shows that :

- The tradition of *Ganikas* is believed to have been present from the time when patriarchy has been established.
- The restrictions imposed by the male-dominated society on women came hand in hand with the introduction of a special category of women, the *Ganikas*, who were the properties of the *Gana* or the society to which they belonged.
- These women were usually from lower castes and were maintained and exploited by men from the higher castes, i.e. priests, kings, rich landowners and powerful and important persons of the locality.
- The important position given to music and dance in the temple rituals and royal courts demanded continuous daily and seasonal performances of these performers and thus ensured a place of great import for the *Ganikas*.

A lot has been written about the traditional temple dancers, the *Devadasis*, the *Ganikas* of the Sanskritic tradition, whose performances were not only important for the worship and rituals of the god. Their offerings through their performances were also supposed to ward off evils from the town. It is for this

very important reason why a *Devadasi* was considered auspicious and her presence was sought particularly at weddings and other ceremonies.

The institution of *Ganikas* grew from valid objectives but gradually degenerated, became degraded in the course of time and ultimately lost its importance.

Side by side with the Sanskritic and literary traditions, the oral and folk traditions also have shown traces of the institution of *Ganika*. There are the *Nachni* women from West Bengal, Bihar and Orissa, the *Basavi* from Karnataka, the *Murali* from Maharashtra, the *Jogtin* from Karnataka and Maharashtra and many others. All these traditions have one thing in common . The basic reason for the existence of the traditions seems to be the dedication of these women to a particular god or goddess. In some of these traditions the *Ganikas* have been entrusted with the important task of perpetuating the oral traditions and thus are experts in their folk performing art forms. In others their skills as performers are not as important. Their principal work is to serve the god and the patrons. At present, when the traditional institution of *Devadasis* has lost its relevance in society, some of the folk cultures still continue with the system of attributing a special status to a group of women who belong to a particular god or the whole society.

Ganikas attached to goddess Yallamma

One such tradition is found in the border areas between Karnataka and Maharashtra. The temple of the popular goddess Yallamma is situated on the hillock named Yallammana Gudda near Saundatti in the Belgaum district of Karnataka. Every year thousands of *Devadasis* are wedded to the goddess Yallamma, who is popularly worshipped in Maharashtra as well as Karnataka. These *Devadasis* are offered in prayer to the goddess and they are not allowed to marry any man as they are already married to the female deity. Instead they become easy prey to the local landowners and their goons. On the full moon day – the poornima of the month of Poush (mid - December to mid – January), thousands of women along with their families visit the fair held on the barren grounds on top of the hills of Saundatti. From two days before the festival the devotees start arriving from the surrounding areas to camp near the temple.

Yallamma has both male and female devotees but female devotees outnumber the male ones. The male devotees are called *Jogta* or *Jagappa* and the female devotees are named *Jogtin.* The devotees have to carry the movable shrine of Yallamma on their heads throughout the day. The movable shrine of the goddess, the *Jag* is carried in a bamboo basket. A *Jogtin* dances as she moves about the streets, playing the Condka, a string instrument, which also serves for percussion. The *Jogtin* sings the devotional songs of Yallamma as she dances. The Jogta often accompanies her.

The custom of dedicating women to the goddess is an ancient one. The ritual of dedication is very rigidly followed. In the ritual the young girls of marriageable age are literally married off to the female deity in a wedding ceremony and they cannot marry any man after that. At least one girl must be dedicated from every village where the *Jogtins* live.

With the passage of time the idea of service to the goddess has actually taken a place of secondary importance and today these women devotees live a life of social outcasts generally earning their living through prostitution. But still the custom of dedicating daughters goes on.

The reasons for the continuation of the tradition can be understood from a study of the society and the belief system of the area.

- The majority of the population of the locality is made up of poor farmers and landless labourers. The parents who are unable to get their daughters married for some social or economic reasons are persuaded or forced to introduce their daughters to the system.
- Extreme poverty and landlessness among the local people sometimes force the parents to sell the daughter off to the local landowner, who actually acquires the girl for his own use under the pretext of making her a *Jogtin.*
- As is the case in many of the ritual beliefs, a lot of importance is placed on keeping Yallamma happy, and many a times the fear of making her dissatisfied forces the parents of young girls into dedicating their daughters. Sometimes the threat of religious curses and Yallamma's rage falling on the family and the village forces the parents to take such a decision.

- There is a deep-rooted belief in the area that girls who have knots in their hair are actually born to serve the goddess. Thus if any girl is found to have knots in the hair even due to lack of care, it is a bad omen to keep her at home.
- Daughters of the *Jogtin* women have no option but to become *Jogtins* themselves.

A study of local folklore regarding Yallamma also gives us some clues regarding the existence of the system.

According to the local folk tales the real name of the goddess is Renuka. She is also known by the name Matangini. She was a local girl who got married to Rishi Jamodagni from the northern part of India. One day when Jamodagni was out, a guest came to their house and Renuka entertained him. As per the local customs she also slept with him in the night. When the Rishi returned the next day he was furious. He asked their son Parashuram to behead her, as according to the norms of the place Jamodagni came from, the punishment for adultery was death. Renuka told Parashuram that she had acted according to the law of the land she belonged to. But Jamodagni thundered that the law of the land had now changed and that made adultery one of the worst sins that can ever be comprehended by man. Though Parashuram knew that his mother was right, he could not disobey his father's order. All his three elder brothers had already refused to do what the father had ordered them to do. Ultimately He decided to do what his father wanted him to do and beheaded his own mother.

This story so far signifies two things: 1) at some point in history the indigenous culture was overpowered by the Sanskritic tradition. 2) The story also signifies and hints at a transition from a matriarchal to a patriarchal society.

The next part of the story goes on to describe the struggle within the society as it started changing from a mother-right one to a father-right one. According to the popular folktale known by even the very young, Parashuram was very sad after killing his mother. He wanted to leave the society. Meanwhile his father was very pleased at his obedience and told Parashuram that he could ask for anything he wished from his father.

Parashuram asked for his mother to be brought back to life. Seeing that Parashuram was adamant about getting his mother back, Jamodagni ordered him to sever the head of the first woman he came across and put it on the mother's body. Parashuram attached the head of another woman on his mother's body. Thus Renuka also came to be known as Matangini meaning 'the woman with the mother's body'.

After becoming alive once again, Renuka decided to leave the area as she felt that she was deprived of her rights in that land. The story goes that as she walked towards the hills of Saundatti, thousands of women followed her and they all settled there with her. Her followers called her Yallamma. These women refused to abide by the new laws of the land. Yallamma raised an army of women and they fought a battle with the outsiders who had brought such alien customs. Yallamma's army was defeated, as they could not fight the new conquerors who had iron weapons.

During the battle the women did not comb, oil or wash their hair and as a result it became entangled and full of unremovable knots. Thus many of Yallamma's followers are found to have such knots in their hair.

Over the years as and when the number of followers has decreased new recruits have been taken from the villages around Saundatti. Whenever a girl shows the signs of having entangled and knotted hair due to lack of care it is believed that there has come a call for her from Yallamma .The *Jogtins* from her village deliberately thicken the knots of the girl's hair by applying Haldi (Turmeric) and Kumkum (Red) Powder to it to prove that she is blessed by Yallamma. Thus they ensure the continuance of the tradition.

The Justification for these *Devadasis* to remain unmarried is also provided by the local folklore. It is said that as these girls had followed a woman who had committed adultery they actually had refused to be loyal to one man. The society thus was justified in prohibiting them from being married to any one person. As she did not believe in being a *Dasi* to a single man she had to be the *Dasi* of the goddess. Thus by refusing to be the private property of a man she is forced to be a property of the whole society. In actuality she is really the *Ganika,* at the beck and call of a few influential and rich people

in the locality. There are several cases of young girls from very poor families being earmarked in their childhood for their potentials to grow into good-looking women by the local landowners. Even before these girls attain puberty, their parents are forced or lured into accepting money as an advance payment for these girls. When the girls are considered ready they are married off to Yallamma for which again the landowner foots the bill. As a result the landowner actually acquires the girl for himself for as long as he wants. Many of the *Jogtins* loose the security of a regular patronage once the patrons loose interest in them. There is no option left for these women but to become common prostitutes in order to maintain themselves and their families.

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Socio-economic improvement among the Migrant Namasudra (S/C) women: study in a West Bengal Village

D.P. Biswas

Key words: Namasudras, women, transformation, and occupation.

Abstract: The Namasudra are one of the dominant scheduled castes in West Bengal, mostly migrated from Bangladesh. The objective of present paper describes how the migrant Namasudra women come out from their traditional set-up and will force to adopt occupational opportunities available in there surrounding localities. It also explains the role and position of said women in the society and their ideas towards family management. The author has tried to highlight the ways of transformation towards socio-economic parameters of the migrant Namasudra women by analyzing the facts from a West Bengal village.

The Namasudras are one of the dominant Scheduled Castes in West Bengal, mostly migrated from Bangladesh. The objective of the present paper describes how the migrant Namasudra women come out from their traditional set-up and will forced to adopt occupational opportunities available at their surrounding localities. It also explains the role and position of the said women in the society and their ideas towards family management. The author has tried to highlight the ways of transformation towards socio- economic parameters of the migrant Namasudra women by analysing the facts from a West Bengal village.

Institution of Caste is a unique feature in Hindu society. From the beginning, the Hindus are divided into four hereditary structures or Caste ranks or Varna orders. The priests or religious experts like – Muni/Rishi are named as Brahmins – the superior of the society; the soldiers or fighting groups are recognised as Kayasthas; the various others who practiced trade and commerce are placed to be the Vaishyas; and lastly the service class or the Sudras. Like the Brahmanical Castes – i.e. Barendras, Radis, Kanojias etc; the Sudra also has different sub-castes – i.e. Chamar, Mochi, Dhobi, Namasudra, Kaibarta (Jele), Patni, Dom/Bhangi etc. In different regions the Sudras are categorized into various caste names on the basis of their traditional occupation and their social position varying from region to region.

Here an attempt has been made towards the role and activities of Scheduled

Caste women to improve their social and economic standard. The data presented in this paper after thorough study in the village having visited several times by the author. He made close contact and discussion with different level of informants (i.e. age or sex-wise, and educational levels). The study village is a multicaste village, of which 80% people are Namasudra (Scheduled Caste); rest 20% are the Napit, the Saha the Jugi and some Mochi Caste. The name of the village is Thakrupatti, under Champabaria municipality ward no. – 4 of Bongaon sub-division, north 24 parganas district of West Bengal. It is about 80 kms away from Calcutta toward North-Eastern side near Bangladesh via Barasat which is the district Head Quarter.

The Caste name Namasudra is derived from the word – Namshya (Superior) among the Sudra, a numerically dominant and well known Scheduled Caste in West Bengal. They are mostly concentrated in North 24 Parganas, South 24 Parganas, Nadia, Howrah, Midnapore, Coochbehar districts of West Bengal and also with a good number in Assam. Their original home was at Bangladesh, from where they migrated to India twice – after the partition of India – Pakistan i.e. after 1947 (then they called it their homeland – East Pakistan or Purva Banga); and Second time after 1971 during the Bangladesh war. They have lost and left everything at Bangladesh and are forced to migrate to India.

Role and status of women are not common to all the castes or tribal societies. It can be measured through their educational, social, economic, religious and political activities; and also their performances and participation towards these aspects. It can also de depicted through the idea of skill towards different professions and to switchover to other available occupations. Earlier, in Scheduled Caste societies most of their traditional occupations, were done only by the male members or by the female members. But now it has been changed- both males and females do equal works to earn for their families. In many cases, females devote maximum labours than their males; like – making of basketry, potteries, bidis etc. side by side they have to do all the household works and childcare.

In the study village – Thakurpalti, majority of the Namasudras have migrated from Jessore and Faridapore districts of Bangladesh, where they had

agriculture and fishing as the main component of traditional economy. During their stay at Bangladesh the Namasudra women did not do any outside works other than household duties, because they had good quality of cultivable lands and sufficient earning capacity. But as soon as they migrated to India, they became homeless and fallen under acute economic crisis; and automatically their women had to come out of traditional set-up and were forced to adopt local based occupational opportunities.

Their women are interested to give proper education to their children. They participate in many ritual and religious occasions; make lots of interactions with other caste women; gather ideas to improve their conditions. They take keen interest towards house decoration and improving dresses and clothings. The Namasudra women are now taking part in political affairs; they are influenced and aware about their rights and duties. One migrant Namasudra lady – Smt. Mamata Das (age 52 years) recently elected as ward commissioner from this particular ward no. – 4 of Bongaon Municipality Corporation. She is also trying to influence the migrant Namasudra women to improve their social and cultural positions. The women adopted family planning programmes; maximum number of families have two to three children only.

Almost all the migrant women do constructive works – labour – Rajmistri (labour in building constructions) and agricultural labours or bidi labours; some of them also do push- sale saree business. They earn Rs. 80/- to Rs. 150/- per day. They are now performing the main role in family management and family expenditure. They save money from their income and purchase land for constructing their own house; because after migration they used to stay at temporary huts along the roadside of PWD areas. Many of them have built pucca or semi-pucca houses with corrugated tin – shed on their own land.

Here the migrant Namasudra women play an important role in social, economic and political matters. They took decision to switchover to other occupations to improve their economic status. They are trying to improve their house environment, clean dress patterns life-styles and send their children to school regularly. Their participation in political matters and attending meetings etc. towards massive developmental programmes – gave them ideas about how to get those benefits. Awareness towards family

planning; ideas and skill toward socio-economic development also showed the importance of the Namasudra women how to come out from their backwardness.

Economic transformation and improvement of social status occurred among them accordingly with the progress of time in response to change in their physical set up and social environment. Inter – action with other surrounding castes by observing their way of talking, dress pattern, life – styles etc. influenced the Namasudra women to improve rapidly. Immediate needs forced them to change their socio-economic conditions and establish themselves to get a satisfactory social status.

Health for all by 2000 AD: Alma Ata Declaration and the Weaker sections

DR. SASWATI BISWAS

Key words: Health, Central and State Government, Year 2000, Weaker Section.

Abstract: The World Heal Assembly decided in the year 1977 that a movement would be launched known as "Health for All", (HFA) by the year 2000. The fundamental principle of HFA strategy was equity that is an equal health status for people and countries ensured by and equitable distribution of health resources. In 1978, the Alma Ata International Conference on Primary Health Care reaffirmed HFA as the major social goal of governments and envisaged that by the year 2000, at least essential health care should be accessible to all individual and families in an acceptable and affordable way with there full participation. The paper under consideration aims to study the movement of "Health for All", in the light of reduction in budgetary allowance for health in successive budgets of the Central and State Governments and indicators which reveal the actual condition of health of the weaker sections of India.

The World Health Assembly decided in the year 1977 that a movement would be launched known as "HEALTH FOR ALL", (HFA) by the year 2000. The fundamental principle of HFA strategy was equity that is an equal health status for people and countries ensured by an equitable distribution of health resources. In 1978, the Alma Ata International Conference on Primary Health Care reaffirmed HFA as the major social goal of governments and envisaged that by the year 2000, at least essential health care should be accessible to all individual and families in an acceptable and affordable way with their full participation.

The ministry of Health and Family Welfare Government of India evolved a National Health Policy in 1983 keeping in view the national commitment to attain the goal of "Health for All" by the year 2000. As a signatory to the Alma Ata Declaration in 1978, the Government of India is committed to taking steps to provide Health for all to its citizens by 2000 AD. According to this declaration, Primary Health Care (PHC) was to be implemented in accordance with the political, social and cultural patterns of a country. The Health Ministry decided to make the two schemes - the Multipurpose Workers Scheme for the Villages and the Community Health Guide Scheme were made the main bearers of PHC. The Tribal Development and Minimum Needs Programme were also catered to the ultimate aim of providing 'health to all'. Though India signed the Alma Ata Declaration in 1978 and pledged its implementation, the Sixth Five Year Plan

made no mention of it.

The public health care system despite being geared to accomplish the major task of providing health care to the majority of Indian population cut a poor figure vis-à-vis the private sector. The private sector not only grew at a fast pace with 150 doctors per million populations working in it as against 80 per million populations in the public sector, it also received Government subsidies and support. Primary health centres, which had degenerated into agencies for meeting family planning targets, also served the doctor as a source of private income. 1

Aggressive economic policies suggested by the World Bank further aggravated the problem of ensuring primary health care. The World Bank was in a different position in the 1970's with capitalism not facing the crisis it presently does and the opposition it faced from the socialist world. The situation started changing by the 1990s, and it started forgetting the Alma Ata Declaration of allowing Primary Health Care to vary according to political, economic, social and cultural patterns. At present its health sector agenda is clear and does not vary in any way. It proposes 2

1. Cuts in public spending and health services including tertiary level medical care and shifts to strengthen population control.
2. Shifting curative care to the private sector.
3. Introducing cost recovery mechanisms in public hospitals.
4. Defining 'essential' clinical and public health packages.
5. Tackling poverty through structural adjustment policies, education and women's empowerment.

The Government of India despite its declared policy of 'health for all by 2000' accepted the major recommendations of the World Bank. There have been budgetary cuts in health expenditure and privatization of medical care. The Alma Ata Declaration was a radical strategy and was undertaken with the realization that the policies of the 1950s and 1960s had not been able to improve the living conditions of the majority of the poorer sections of the world's population. The point of emphasis in the declaration was social justice and equity.

Selective Primary Health Care

However, with burgeoning economic problems in the western world and the eye of Western Capitalists set on the markets of the under developed countries an alternative approach to health soon made itself felt which rent a sharp blow to the Alma Ata Declaration. This was the Selective Primary Health Care (SPHC) 3. It was presented by Walsh and Warren at a Ford and Rockefeller Foundation Symposium in Belliago, Italy, the SPHC argued that PHC was not cost effective, in fact it was too expensive. A more effective method of reducing mortality would be to select a few diseases and provide treatment of the same. This approach to health was readily accepted by the World Bank which saw in it a great scope for reducing Government expenditure in health involved in PHC. The World Health Organisation, which opposed SPHC at present spends over 50pc of donor funds on preventing ten diseases. The SPHC relies heavily on providing treatment to selected diseases, however the main problem of identifying the causes of their occurrence has not been considered. The social and economic position remaining the same it seems questionable as to how occurrence of some diseases could be reduced while the conditions, which give rise to them, remain the same. Maternal and Child health service, which normally occupy a major share of PHC, will be severally truncated by SPHC. "Only immunization is given priority, which is followed by distribution of micro nutrients, mass treatment for worm and cares for sexually transmitted diseases. The rest of public health activity is relegated to private sector of health educationist who will increase public knowledge about family planning, nutrition, self care etc....."4.

Health status of women and infants

Women in India still die of preventable diseases, early age of marriage leading to problems of child birth have added to the already existing problem of malnutrition among women including girl child which are widely prevalent. UNICEF's progress of nation report draws up a list of sources why nearly 600,000 women died each year in pregnancy and child birth, a figure that exceeds the number in the eighties. 5

Recently, the report on "Improving women's health in India"6 released by the World Bank says that health care utilization is heavily biased against women in India who have high mortality rate up to the age of 30. One in every 20 girls dies because of gender discrimination. One in every 40 women die in the process of childbirth compared to one in 230 in Srilanka. Referral services are limited for pregnancy complications and almost nonexistent for reproductive tract infection. It is ironic that the World Bank even after realizing the magnitude of women's health problem should go for SPHC whereas the Alma Ata approach would be far better as it rested on the principles of equity and justice. The health strategy of Alma Ata aims at providing PHC which involves identification of social roots of health problems and it is beyond any doubt that the health problems of women evolve from the socio economic conditions in which they are born and grow up. SPHC can never be a solution of their problems.

The fact that the 'health for all' approach had been steadily receiving less and less importance despite the rhetoric of the Government can also be ascertained from another indicator that is the Infant Mortality Rate (IMR). The general trend with the exception of some states appears to be that the rate of decline of the infant mortality rate in the country has decelerated since the onset of the structural adjustment programme7. Kerala is the only state in the country with an IMR below 20, and states like Orissa and Madhya Pradesh have IMR above 100 in rural areas. Many types of diseases like respiratory infections and malaria, hepatits, enteric fever, Kala-azar etc. are showing a rising trend from 1988 onwards. The dramatic decline in the infant mortality rate happened before the period of structural adjustment. Even in Kerala IMR is showing a rising trend and in Karnataka the rate has not declined much over the last decade 8.

The great stress laid on immunization programmes have also been quite short sighted very often the much publicized programme of immunization against Polio has shown great weakness. Studies have shown that in many areas of our country children did not receive the supplementary doses of vaccine. In Mumbai it was claimed in 1996-97 104 pc of the under-five population were given two boosters of poliomyelitis inactivated vaccine. In a fieldwork conducted in a slum it was found that in one neighbourhood none of

the children had received the supplementary doses and none of them had been vaccinated against common childhood diseases.

HEALTH FOR UNDEEPRIVILEGED

The fact that 'health for all by 2000 AD' could not be achieved by 2000 AD was realised by the government. The ninth plan perspective of health pointed out that primary health institutions were functioning sub-optimally because of inappropriate location, poor access, lack of professional staff ....., lack of funds for essential drugs and lack of first referral units9. The Government then shifted its goal by from 'health for all' to health for underprivileged (HFU) by 2000'. The shift of the World Bank policies towards privatization of health care and SPHC and the Government of India acceptance of the same has made the HFU a distant dream. Hence, even in the middle of the year 2000 we find health care services provided by the government in a dismal situation. The strength of the health care system, which lay in an elaborate system of services and infrastructure, has been steadily undone. The clear policy shift towards privatization has resulted in the utter neglect of public health services.

The fact that private health care system whatever its quality or costs might be, has made a dent in Indian society has been revealed from a number of studies 10. The results of these studies show that 7 to 9 p.c. of annual consumption is spent on meeting health care expenditures even among the poorer sections. One of these studies revealed that in the eastern and western districts of Uttar Pradesh the per capita annual health expenditure was Rs. 82 and Rs. 121 respectively whereas Government health expenditure in the state was Rs. 11.7 per capita a year.

The immediate result of the decline in PHC is the spread of quacks in the rural country side. Not only have quacks started operating on a large scale, practices which can be explained only as primitive magic have been revived. Such magical rites performed for treating the sick ranges from dog bite to infertility. In addition, drug sellers are openly playing the role of doctors and treating the poor with all types of medication without a thought about the dangerous consequences of the practice they indulge in. In a situation where health care facilities are practically extinct for the underprivileged the call for

HFU seems to be nothing but a practical joke on the poor of the country. The SPHC approach does not realise that medicine played only a minor role in the reduction of communicable diseases in the west. Over all socio economic development of the masses had contributed in a major way to the reduction, which is not possible under the structural adjustment programmes currently going on.

Declining expenditure on health

Another indicator which reveals that the Government has been paying lip service to the Alma Ata Declaration is the declining Government expenditure on health in the subsequent plan periods. The outlay for health sector has steadily declined from 3.3 pc of total plan outlay in the first plan to around 1.7 percent in the eighth plan. More than one third of this investment is by external assistance linked to specific diseases. The annual report of the Ministry of Health states that public expenditure in the health sector has been a little over 1.5 pc of the GDP while WHO recommends that it should be at least 5 p.c. of the GDP11.

Central grants as a proportion of the states total medical and public health expenditure fell sharply during the structural adjustment programme. In the case of centrally sponsored disease control programmes, the share of central grants declined from 41 p.c. in 1984-85 to 29 pc in 1988-89 and fell sharply during the Structural Adjustment period to 18.5 p.c. in 1992-93. The expenditure on national disease programme as percentage of total health expenditure declined from 15.62 pc in 1965-66 to 9.51 p.c. in 1994-95. The expenditure on hospitals and dispensaries as percentage of total health expenditure fell from 43.99 p.c. in 1950-51 to 25.75 p.c. in1994-95 and that on medical education training and research fell from 10.99 p.c. in 1992-93 to 7.63 p.c. in 1994 – 95. The expenditure on family welfare fell from 19.39 p.c. in 1991-92 to 17.27 in 1994-95. 203 p.c. of medical expenditure was earmarked for maternal and child health in 1991-92 but this dropped to 0.76 p.c. in the budget estimates of 1994-95 12.

The difference in the policy declarations of the government and their practical implementation reinforces the argument that the Alma Ata Declaration promising health 'for all' and later health 'for the underprivileged' as far as India is concerned is only a rhetoric aimed at misleading the people and gaining political umbrage. The dismal situation, which is bound to evolve from SPHC and the constantly declining expenditure on health, would lead to grave problems mainly for the underprivileged sections. It is surprising that the government thinks that the rural masses can afford health insurance and are taking steps in this direction. SPHC will lead to greater intervention from the World Bank, priorities would be decided not from the user view but from the provider's view. This would be coupled with an altogether indifferent attitude to the socio economic problems, which are evolving from the structural adjustment programmes. The comprehensive approach of PHC would be replaced by a totally technical approach to specific health problems.

This is reflected in the conditions, which prevail in the Block Medical health Care Units and the subsidiary health centres. Adequate medical professionals are not available, medicines are not available and the whole system operates in an environment of indiscipline, neglect and callous indifference to the health requirements of the rural poor. There is no effort on the part of the meagerly paid health workers to educate the people in sanitation, hygiene or family planning practices. The quality of medical care is low with inappropriate treatment. Rural areas lack socio economic development and people live in conditions, which breed different types of diseases. Diarrhoea, dysentery, respiratory tract infections and problems of maternal and child health all emanate from the social conditions of rural life and are the major causes of rural mortality. The decline of PHC and rise of SPHC would only result in gradual demise of whatever health care is available for the rural poor. The net result would be an increased dependence of quacks, faith healers and drug sellers, who would profit freely from the plight of the people. The graver dimension of the problem in respect of declining spread of scientific thoughts in rural areas regarding health should not be lost sight of.

Health problems evolve to a great extent from the socio economic

conditions, which prevail in a society, these primary conditions being neglected the SPHC would in no way be able to solve the problems of health. The target of 'health for all' or 'health for the underprivileged' by 2000 AD could not be achieved. The target date has been extended but there is no hope that is the target would be achieved within the new date. The Alma Ata declaration was a call for a people's movement with PHC with its emphasis on efficiency rather than equity and market rather than justice. The need for socio economic development has been completely rejected. Thus for the poor of our country, "health for all for the 21st century will not lead to a world where health will be a fundamental right – a state of complete physical mental and social well being and not just the absence of disease and infirmity" 13.

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Modernization in Agriculture and its Impact on the Role of Women.

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Key Words: Technology, Modernization, Women.

Abstract: India is predominantly an agricultural country. 73.8%of a total Indian population are settled in rural areas and 64.8% of total working force participates actively in cultivation. (1991 Census). Today in the 21st century, technology and communication have spread in rural areas and seem to have tremendous effect on agricultural operation. This new technology in cultivation is very much associated with rural women. The aim of the present paper is to highlight how modern technology that has been brought in the arena of agriculture is affecting the life of rural women.

INTRODUCTION

Agriculture forms the backbone of Indian economy. (Majumdar.R.C.1969) .It is evident from 1991 census that 73.8% of Indian population are settled in rural areas and 64.8% of the total working force participates actively in cultivation. But this is not accidental. Rather if we trace a brief historical background of India's economy, it will be seen that such economy was always predominantly agrarian. Right from Chalcolithic period i.e. Indus Valley Civilization (Wheeler. M, 1953) to the advent of European colonialism (Desai, 1966) and even later, Indian economy basically thrived on agriculture.

At the onset of colonialism, certain newer measures were adopted in relation to agrarian system. Introduction of new set of land relations (Permanent Settlement, Cornwallis, 1789) and revenue payment system changed the objective of village agriculture. A significant change was also noticed in relation to technology and communication in agriculture. For supply of agricultural products to the market, improvement of means of transport such as railways, steamships, road transport were organized along with betterment of roads and rails. The technological aspect related to cultivation also improved. Plough and

other technical devices related to cultivation improved and accordingly varieties of seeds, fertilizers and insecticides were introduced for better yields (Desai, 1966).

In the post-independence period, Indian Government also laid tremendous stress on the development in the fields of production, distribution and consumption. Cultivation procedures improved a lot and reached the stage of 'Modernization' in relation to technology in the production sector. Other than this aspect of modernization, a lot of infra-structural developments took place. For increased production. The availability of weather forecast information received by the cultivators through newspaper, radio, television (through national and satellite channels) has been helping the cultivators tremendously in recent past. In this sphere of modern technology, use of tractors, power-tillers, pump sets etc seems to be a common feature. Cultivation with the help of these machines is supplemented by the use of high yield varieties of seeds, chemical manures and insecticides. The degree of modernization in agriculture (related to technology in production sector) in indicated by the relative proportion of work done by hands, by animals and by machines (Dumont, 1971).

From time immemorial, in context of division of labour in agrarian production, age and gender played a significant part. There is some division of work along these lines in all societies. In India, ploughing operation is regarded as men's work while weeding and transplanting are women's work. Harvesting may be done by both men and women (Beteille, 1974). Thus women played a significant work in agricultural production operation. With the gradual modernization in agriculture, the role of women seems to be affected. In what way, it has been affected is the theme of the paper presented here.

Objective

The objective of the present paper is to highlight, how modernization in technology in relation to production sector in agriculture has affected the role of women in agrarian production system.

Methodology

The research work had been conducted in two villages in West Bengal namely village Barut in Bankura district and village Arrah in Burdwan district. District Bankura lies in ecologically dry zone of West Bengal and Burdwan lies in ecologically wet zone of West Bengal. Since the objective of the paper is related to input of modern technology in agriculture, the selection of the two above-mentioned villages is done purposively. It has been done, keeping in mind their ecological, physical and technological distance from each other. Comparing the two villages, village Arrah (Burdwan) is much more developed in context of installation of modern technology in relation to village Barut (Bankura).

Village Arrah lies at a distance of 16 kms from Burdwan town. It is under the sub-division of block Bhatar and its J.L.No. is 58. Village Barut on the other hand lies at a distance of 6 km from Bankura town. The village is under the jurisdiction of Block no. 1 (Bankura) and its J.L.No. is 219.

Both village Arrah (Burdwan) and Barut (Bankura) are multi-caste Hindu village. Village Arrah is composed of people of nine different castes namely "Brahmin" 'Aguri', 'Goala', 'Bagdi', 'Bauri', 'Muchi', 'Dom', 'Chutor' and 'Tamuli'. Village Barut is composed of people of four different castes namely, 'Tili', 'Kumor', 'Mal' and 'Khoyra'.

In village Arrah, the 'Brahmins', 'Aguris' and 'Goalas' forms the cultivation-owner section of the village. People of the other castes forms the agrarian labour section of the village. In village Barut, the Tili's forms the 'dominant caste' (Srinivas, M.N,`1987) and they are the main cultivator-owner section of the village. The 'Mal' and the 'Khoyra' caste groups form the labour composition of the village.

The role of women in agriculture from different caste varies with the economic condition of their families. The status occupied by individual families such as Non-cultivator owner, cultivator owner, share cropper, cultivator owner as well as sharecropper and the agricultural labour also plays a significant part in the role of women in those constituent families in agriculture.

The author undertook the study by participant observation method. This method is supplemented by use of case studies. Individual or group interview has also been conducted either in the house or in the field or in the wayside. For the quantitative data relating to participation of women in Agrarian production system, individual household census has been filled. In relation to the qualitative role of women, five cases from village Barut and seven cases from village Arrah have been collected (Epstein, 1976; Pelto, 1970).

Analysis

At the onset it will be necessary to picturise modernization of technology in agrarian production system in each of the villages studied. These data have been analyzed through the use of modern mechanical gadgets enlisted below.

Table – 1

	VILLAGE ARRAH	VILLAGE BARUT
Tilling	Tractors (6)	No mechanical gadgets
Irrigation	Submersible pump sets (24) Shallow pump sets (32)	Well Shallow pump sets (2)
Threshing	Threshing machines (41)	Threshing Machine (18)

From Table 1 it is evident that the technology related to production operation presents a much better picture in Arrah than Barut. These newer machines in agriculture through better irrigation facilities are making the villagers practice cultivation round the year. Accordingly, the population percentage depending on agriculture in the two villages studies presents difference in number which is evident from the following table 2.

Table – 2

VILLAGES	PARTICIPATION IN AGRICULTURE		TOTAL WORKING FORCE
	NUMBER	PERCENTAGE	
ARRAH	327	80.5%	406(100%)
BARUT	128	62.4%	205(100%)

Thus from table 2, it is evident that; owing to better technology related to production in agriculture, people in village Arrah is numerically more depended on agriculture.

Following this table, it will be necessary to picturise, the quantitative aspect of the participation of women in production sector of agriculture. The following table depicts this issue.

Table – 3

VILLAGES	WOMEN WORKING FORCE		TOTAL WORKING FORCE
	TOTAL	PERCENTAGE	
ARRAH	95	23.4%	406 (100%)
BARUT	24	11.7%	205 (100%)

Thus from the table 3 it is evident that women working force in village Arrah is double to that in Barut including the different kinds of services. The women working force exclusively in agriculture is determined from the following table.

Table – 4

VILLAGES	WOMEN WORKING FORCE IN CULTIVATION	TOTAL WOMEN WORKING FORCE
ARRAH	93 (97.9%)	95 (100%)
BARUT	21 (87.5%)	24 (100%)

Hence from the given table, it is evident that participation of women in Agriculture is more in village Arrah than Barut. This is because the quantitative stretch of land on which cultivation is done is more in Arrah than Barut, aided by the betterment of technology. As for example, the tilling operation of soil done in one day with plough in Barut is negligible to the work done by a tractor in Arrah. This modern technology is making cultivation, a remunerative profession round the year. These factors are resulting in increased participation of women folk in agriculture in Arrah in comparison to Barut.

Women's participation in agriculture is very much related to the caste hierarchy in the village. The following tables 5 and 6 represents the participation of women in Agriculture from different castes in each of the village studied.

Table – 5

VILLAGE : ARRAH	
CASTES	WOMEN'S PARTICIPATION IN AGRICULTURE
1. Brahmin	-
2. Aguri	-
3. Goala	-
4. Bagdi	17(18.3%)
5. Bauri	18(19.3%)
6. Muchi	54(58.1%)
7. Dom	3(3.2%)
8. Chutor	-
9. Tamuli	1(1.1%)
TOTAL	93 (100%)

Table – 6

VILLAGE : BARUT	
CASTES	WOMEN'S PARTICIPATION IN AGRICULTURE
Tili	1 (4.8%)
Kumor	-
Khoyra	2 (9.5%)
Mal	18 (85.7%)
TOTAL	21 (100%)

From Table 5 and 6, it is evident that in each of the village studied, majority of women working force in agriculture comes from lower castes. Owing to poverty, this woman participates as cultivator-labour on a daily wage basis. In the light of modern technology, the role of women in agriculture centres on transplantation, weeding and harvesting. They are not seen to handle newer technol%ogical gadgets, as for example, driving a tractor for tilling operation. The role of women from economic affluent and upper caste families is of secondary nature. The look after the labour's who are employed (fooding). For them cultivation operation is not a remunerative profession but for women of economically deprived and lower caste profession it is a remunerative profession in exchange of their direct manual labour.

Conclusion

In conclusion, it may be said that, in the light of modern technology related to agriculture, role of women started gaining a significant part. Round the year cultivation in vast stretches of land requires increased involvement of women. However, the scope of the work in limited in this context (only in two villages) and it would be rather impossible to generalize this finding in context of the nation or the state as a whole. In context of the finding of this work, it seems that, the modernization of technology in agriculture have resulted a positive dimension in the role of women of lower and lower middle economic categories. In the above economically affluent category, the role of women in direct participation in agriculture seems to be vanished.

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Tribal Women: Study on Reproductive Behaviour of the Oraon in Midnapore town

MANIBRATA BHATTACHARYA & BELA BHATTACHARYA

Abstract: The Oraon women of Midnapore town, West Bengal are quite distinct, as they have been settled here for about five generations along with the male members. The study on reproductive behaviour reveals influence of urban environment.

The Oraons of Midnapore town mostly lives in two enclaves namely Tantigeria and Muradanga, which are situated at the outskirts of the town. Midnapore is the district headquarters and is geographically located in the lateritic zone of South West Bengal. Total population of the Oraons of Tantigeria is 630 of which 304 i.e. 52 per cent female members. In both the villages, females are numerically more than the males. The mean Oraon household size in Tantigeria is 5.48. The corresponding figure for the Muradanga is 5.64. The occupation of the most of the people of both the villages is daily wage earning and they work in different mills, godown and factories, some of them also engaged in rickshaw pulling and cultivation as agriculture labourer. Though participation rate is high among the Oraons of two enclaves, a good number of them remain literate e.g. 68 percent in Tantigeria and 41 percent in Muradanga. From cultural and economic point of view both the enclaves belong to well-defined part of the district town, Midnapore. However, 75.6 percent of the Oraons of Midnapore town lives in Tantigeria and 24.4 percent in Muradanga.

SAMPLE POPULATION

A sample of fifty families has been selected out of total 151 families of the Oraons of Midnapore town by stratified random sampling method. A mother was selected from each family for studying reproductive behaviour of fifty Oraons married women. The variables considered for studying the reproductive behaviour are reproductive index, components of fertility and mortality, relationship between births and age, economic status, literacy, birth interval or spacing distribution of births and occupation.

Literacy

It can be noted from table 01 that 296 (i.e. 35.5 percent) out of 833 individuals are literate. The programme of literacy mission of the state and other non-government agencies during 1991-92 has considerably raised the literacy rates among the Oraons. It is worth mentioning that among the literate 29.5 percent are below primary level, 13.2 percent primary and 13.5 percent below secondary level. Level of literacy of the Oraons of Tantigeria is given in Table 1. It appears that the boys are getting more schooling opportunity (i.e. 76.5 percent) than that of the girls (29.5 percent).

Income

Table 2 shows monthly average income of the Oraon families of Midnapore town. Per capita monthly income of the Oraons varies between Rupees 295 and Rupees 432. The table reveals that 22 percent family have an average monthly income which is limited to Rupees 1000 only. Thirty percent families have average income which can be bracketed between Rupees 1500 and Rupees 1800. It is interesting to note that average higher monthly income for a family does not mean higher monthly average per capita income. Rather it is found that it depends upon the family size. Therefore, 10 percent families who have monthly income of Rupees 900 – 1000 have scored highest position in monthly average per capita income.

Reproductive Behaviour of Oraons

The Oraons practice monogamy. Marriage of the girls generally starts from 15 years and of males from the age of 20 years and onwards. In Tantigeria there are 9.5 percent widow and 0.6 percent widowers, but no case of separation. The widows belong to the age group of 20-25 years on onwards. Mean age of marriage among the Oraons is 15.3 years for the females and in some cases the age of marriage is higher, in average, it varies between 16 years to 17 years. Among the tribal population the total live births of 50 families is 192, of which about 53 percent male and 47 percent female. In order way, it can be said that the rate of live birth is 3.7. Net reproductive index is 1.75. Mean number of

pregnancies is 5.8 ± 1.03. The values for prereproductive mortality mean is 1.61 ± 1.01, total mortality mean is 2.94 ± 1.12. In reproductive behaviour, role of live births is important as the milk of mother's breast nourishes all live births. At the time of breast feeding the prolaction hormone plays an important role in secretion of the milk. This hormone is antagonistic to F.S.H. (Follicle stimulating hormone). The F.S.H. secretion helps in ovulation but lack of this hormone hinder further pregnancies. According to the social rules of the Oraons, it has been observed that the intercourse does not occur frequently after the birth. It can be noticed that the highest birth frequency is distributed in the age groups 16-18 and 25-27 years of age group, which is 20.31 percent. Next one is 22-24 years of age group i.e. 18.22 percent. However the miscarriage rate is high in 4years spacing.

Birth spacing

A study on birth spacing among the Oraons reveals that 2 years birth spacing is found in 42 percent cases. In regard to 1 to 4 years birth spacing it can be said that the birth avoidance is not found to be frequent among them as years of birth interval and total frequency give some different values. It has been seen that in case of first birth : 1 year, 2 year, 3 year and 5 year spacing occurs 89 Percent, 5.6 percent and 2 percent respectively. After marriage most women are pregnant due to high rate of coitus frequency. In the second birth : 2 year and 3 year spacing can be noted in 83 percent and 16.7 percent respectively; 4 year and 5 year spacing is less. With regard to third issue : 2 year birth spacing in total number of birth is 63 percent, 3 year for 24 percent and 4 year for 4 percent.

The age of marriage, though increasing in the present generation, it is considerably low and the mean age at first marriage is 15.3 years. It is very common that a divorcee or widower gets married again. Dowry system becomes common at the same time and token of bride price has also been existing. Literacy rate among the females is low. In Tantigeria out of 619 individuals 81 are literate of which only 19 are female literates.

It appears that the relationship between the number of birth and different age groups are directly related with the age of mother and life

birth is inversely related with the age of mother. It is evident that when income is high the household size is larger, per capita income is less. There is an inverse relation between per capita income and family size.

Birth Control

The Oraon people consider the child as resourceful. In Oraon society child labour is a predominant feature. Though education is an important factor to control birth rate, it is found that among the Oraon women there is no relationship between literacy and number of births as found during the period of field work in 1998 – 99. Single year birth interval might occur after marriage of a couple. During this time they need not avoid the child. In later period one year spacing is not possible for various physiological causes which eventually delay to the next birth. There is a correlation between increasing of birth spacing and the decreasing of the number of births as well as the rate of birth. It is observed that miscarriage is high in the 1 year spacing and the birth avoidance is not found to be very frequent as the year of birth interval and total birth frequency give some different values.

In case of first birth 1 year, 2 year, 3 year and 5 year spacing occur 89 percent, 5.6 percent, 3.7 percent and 2 percent respectively. After marriage most of the women are pregnant. In the second birth 2 year and 3 year spacing can be noted in 3 percent and 17 percent respectively; 4 year and 5 year spacing are less. In case of third issue 2 year birth spacing in total number of birth is 63 per cent and for 3 year 24 percent and 4 year for 4 percent. Therefore it can be said that birth spacing is inversely related with the number of birth.

Status of Oraon women

Generally it is believed that the status of women is quite higher among the tribal people and they do not have any preference between male and female issues. The age of marriage is higher, 16 – 17 years in average among the tribal population. It is also believed that demand for more children is lacking in tribal societies. But in case of Oraons of Midnapore town, above postulations are not valid. The position of women is not considerably high in

the Oraon society as fifteen Oraon women belong to age group 15 – 40 years (comprising 9 percent of the total married women) have to remain in widowhood due to influence of the traditional values of the neighbouring Hindu society. The Hindu value system negates widow remarriage and it is important to note that most of the Oraon widows are young but they do not like to remarry following the Hindu norms.

Position of the Lachenpa women in North Sikkim: An overture

SANCHITA GHATAK

Abstract: Sikkim, a state in the Eastern Himalayas, has three main groups of people, (i) the Lapchas, (ii) the Bhutias and (iii) the Nepalese. The Lapchas and the Bhutias belong to the tribal communities. Lachenpa is a group of Bhutia people came from Paro in Bhutan and settled in village. They are inhabited in the higher altitude and lead a semi-nomadic life, as their traditional occupation was trade and pastoralism. After the sealing of the border as a result of the Chinese aggression, their occupational character changes to agro-pastoralism.

The position of Lachenpa women in different environment show economically they have heavy demand. In every sphere from preparation of the land upto harvesting and finally in marketing women has a great role. About 80% of the Lachenpa women are involved in agricultural activities.

In pastoral economy from milching to milk product viz. butter, cheese etc. woman's role is predominant. The Lachenpa women are expert in making wool and woolen products. In fact the Lachenpa women play a vital role in cattle management.

In apple (Lee) garden women keep constant watch and pluck the matured fruits. They collect roots, vegetables, fuel and fodder from the forest.

Women's position in society is better. She attains a prime role in household work including preparation of food, childcare and training and deep involvement in ritual activities. Pre vailing of Bride price also shows the importance of women in their society. Bride price includes milk price, khada (scarf), a pot of change (local drinks) and amount of money which are offered to the mother of the daughter in order to pay her respect. Polyandry system has now become a myth in their society due to the impact of modernization

Women cannot inherit property and cannot be a Lama. In the village Panchayet women have no role. They have no right to elect or to become Pipon (head of the Panchayet) or any member of Jhumsa (Local Panchayet).

From the fact it may be concluded that the position of their women is important in their socio-cultural activities, but in socio-political power they are still dominated by the men folk.

POSITION OF THE LACHENPA WOMEN IN NORTH SIKKIM : AN OVERTURE

Comparatively small in size but beautiful, Sikkim is situated in the Eastern Himalayas, containing some of the most magnificent snow-capped mountains. Amidst the grandeur of the mountain peaks, lush valleys, fast flowing rivers, terraced hills, Sikkim offers her visitors a rare and singular experience. Within a matter of hours one can

move from sub-tropical heat of the lower valleys to the cold of the rugged mountain slopes that reach upto the areas of perpetual snow.

Three main groups of people make up the population of Sikkim – the Lapchas, the Bhutias and the Nepalese.

Lachenpa, the people of Lachen village of North Sikkim is the subject of study with a view to examine the position of the Lachenpa women under different economy, social religious and political perspectives.

Basically, Lachenpas are Bhutia. They came here from Paro, in Bhutan. They are inhabited in the higher altitude and lead a semi-nomadic life, as their tradition occupation was trade and pastoralism. Now, after the sealing of the border, their occupational character changes from trade and pastoral to semi-agriculture and pastoral. The trade with Tibet, in the north, ceased to operate after the Chinese aggression over our country.

Economic environment

In Lachen, the womenfolk are considered as the most important economic asset. They supply the major manpower in the agricultural field. From the repair of the bunds of the field, women are engaged in cold crushing, mannuring, sowing, weeding, irrigation of the field, harvesting and also the marketing of the product. Women are involved in agriculture more in number than the men folk. About 80% of the womenfolk are involved in agricultural activities as labourer.

In the pastoral economy the yak, sheep, goat etc. are the main herds of Lachenpa. Nearly every family, formerly, had a considerable herd. The status of a family is marked by the number of herds they possess. It is noticed that milching and preparation of the milk products are done mainly by the womenfolk. The milching is done by the women before day break after which the cattle are taken out to pasture by men and boys and again in the evening when they return before the sun set. The butter is also prepared by the women only. Butter is salted. They also make soft cheeses. In the autumn after a spell of dry weather, the flocks are driven through a stream or lake to

clean their wool and are sheared and packed into bales, which are ultimately coloured with vegetable dyes. Both men and women are engaged in this process. But usually women go to forest to collect the vegetable dyes.

Besides, these women are employed in making carpets, blankets, scrolls with painting of Lord Buddha, eight religious symbols of Buddhism etc. The painted tables, stools, screens of typical Sikkimese style are also prepared by women. They make Sikkimese cap, ornaments with dragon's head and also woolen and leather shoes.

The storing of hay is an essential feature of pastoral economy. From December to April herds are fed on hay which are stored earlier. At the end of August both men and women start cutting grasses which are available near the village. Again immediately after the harvest, grasses, weeds are cut by women. These are brought by the yaks. Hay is tied into bundles and stored on the roof tops.

Besides, these activities, women look after various fruit trees. They have their apple (Lee) garden. It is also the women's duty to pluck the fruits when the fruits are quite matured. Collection of roots and vegetables from the forest is the work of women. They also collect fuel and fodder for daily use.

Social environment

The position of Lachenpa women in their society is better. Her role is important in their household work. She manages all the family affaires. In terms of food, from selection of the item, preparation and distribution, woman is all in all. Regarding family affairs women's position is quite high. Her role in child care and training is very vital.

Here mother gets the milk price, one khada (scarf), a pot of chang (local drinks) at the time of her daughter's marriage. Again within Lachenpa, they have no dowry system but bride price is in practice. Parents of the daughter get cash and kinds from the groom's side. After negotiation for marriage there is a custom that the would be husband will stay in his father-in-law's house for 1-2 years. During this period he will give free service to his in-laws house. If the

in-law's are satisfied, then the marriage will be settled, otherwise it will be cancelled though he may stay with his would be wife in this period. It shows that women are well placed in their society.

Polyandry is the traditional system of marriage within Lachenpa. At the time of Chougyal there was polyandry in large scale in Lachen but now it's occurance is less, though now there is only a few cases. (3-4 cases in study time). Women plays a very important role in the polyandrous society.

But within Lachenpa women cannot inherit the property.

Religious environment

In their society woman has no right to become a Lama in any case. She has no role in religious teaching. Even women have no role in performing birth, marriage and death rites. Women in their society do not act as medium-man. She has no role in confirmation of theft, guilt etc. In the festival, which occurs in the monastery, woman has no role regarding dance, chanting mantras or biting the drums or playing different musical instruments. In no case she is made a priest.

Political environment

In the political sphere here, there is a stratification of three-tier system. (1) Parliament (2) Assembly and (3) Local Panchayet. Pipon is the head of the local Panchayet, which is called Jhumsa. Woman has no right to elect or to become a Pipon but they have right to elect or to become a member in Parliament or in Assembly.

So woman has no power to giving decision on land related problem, divorce or grazing land and period of movement at the time of grazing which are decided by the Pipon Jhumsa.

So in religious environment the Lachenpa woman is quite backward and

in political environment the status of woman is very low. It may be due to illiteracy, they have lack of interest and lack of time in political and religious environment.

Conclusion

So from the above discussion it is concluded that the Lachenpa woman definitely hold some position in their socio-cultural activities.

Social Situation of the Aged in Urban Fringes of Bhubaneswar City

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Key words: Aged, Pensioners, Joint family, Living space, Generations, Community consciousness.

Abstract: Over the years, the number of aged population, above 60 years of age, has increased tremendously in both the developed and developing countries. This has become so mainly because of various factors, the important ones being availability of modern health care facilities, better nourishment and also higher awareness level. These have, altogether reduced the mortality rate on the one hand and increased the life expectancy on the other. But in the recent decades, with the increase in life expectancy, the problems of the age are also multiplying at an alarming rate in manifold ways because of population explosion, struggle for survival in luxury and increasing craze of leading independent life style amongst the younger generations. Therefore, it is necessary to chalk out social measures to redress the problems of the helpless aged.

Human behaviour is primarily based on ones culture and socio-ecological conditions. Hence the problems of the aged are also concerned with these aspects, and therefore, their problems differ from culture to culture as well as from one ecological condition to another.

Keeping the above background facts in mind, it is intended to present the problems of the middle class aged in an Orissan situation. Here an attempt has been made to focus the socio-economic and health problems of the aged living in 21 fringe (caste Hindu) villages of Bhubaneswar city. The paper is broadly divided into three parts. The first part deals with the living condition, economic and physical support and food habit, and in the second part an attempt has been made to show their health condition and mode of treatment of diseases. In the last part an action plan has been suggested for the welfare and betterment of the aged who suffer due to lack of socio-economic support.

INTRODUCTION

Over the years, the number of aged population, above 60 years of age, has increased tremendously in both the developed and developing countries. This has become so mainly because of some fostering development achievements, the important ones being availability of modern health care facilities for a larger chunk of the populace, better nourishment and also higher awareness levels among the people. These have, altogether reduced the mortality rate on the one hand and increased the life expectancy on the other. But in the recent decades, with the increase in life expectancy, the problems of the aged are also multiplying at an alarming rate in manifold ways because of population

explosion, struggle for survival in luxury and increasing craze for leading an independent life style amongst the younger generations; both in vertical as well as in horizontal lines. Therefore, it is necessary to chalk out social measure to redress the problems of the helpless aged.

Human behaviour is primarily based on ones culture and socio-ecological conditions. Hence the problems of the aged are also concerned with these aspects, and therefore, their problems differ from culture to culture as well as from one ecological condition to another.

Keeping the above background facts in mind, here, in this paper we have attempted to present the social situation of the middle class retired aged persons, their wives, family pension holder and some non-pension holders in an Orissan situation. The total sample constitutes 148 aged persons of whom 67 are men and the rest 81 are a woman. These people belong to 21 caste Hindu villages, located on the outskirts of Bhubaneswar City, the state capital of Orissa.

Methodology and Use of Tools

The study has made use of various methods like village census, survey, personal interview with informants through recording of information with the help of interview schedules. Besides, a questionnaire with close and open-ended questions was also administered and documentation of case studies was done. Observation method was followed while interviewing the informants during the course of the fieldwork.

Interviewing the aged on familial and other such social issues in front of the family members would be embarrassing. So, as far as possible, much precaution was taken to avoid such situations. The subjects were interviewed in conducive environments where they felt free to express the opinion about their wives, feelings, options and also suggestions. But surprisingly, in a number of cases the family members, particularly the daughters-in-law became very suspicious of their parents-in-law as if they would speak something against them. Thus, in such cases they intentionally tried to disturb the interviewers and the interviewee again and again by repeated personal appearance at the place of discussion. Even in some cases they constantly stood before the

interviewer and instructed their parents-in-law not to disclose their family matters or speak out the truth. In such cases, the interviewers had to politely interfere in the matter to make the environment conducive to the farthest possible extent and in most of the cases the old persons fully cooperated with the interviewers in data collection.

After data collection, the collected data were processed manually. The raw information available in the questionnaire were transferred to a master-data-sheet and then specific tables were developed manually depending upon the need and purpose of the study.

This paper is broadly divided into five parts. The first part deals with the problem and methodological aspects. The second part describes the economic support, work participation and contribution of physical labour of the aged towards family. The next part shows the relationship of the aged with family members. The subsequent part is about accommodation facilities of these people and the last part bears the concluding remarks.

Economic Support, Work Participation and Contribution of Physical Labour towards Family

Economic Contribution of the Aged:

In many cases the aged people are considered as a social or an economic burden but in actuality they are not so. From various viewpoints they are very helpful to the family and their presence is essential for the well being of the family or even the society as a whole. They render economic support, and physically participate in a number of day-to-day activities, which also include participation in various arduous works, sometimes against their ill health or fatigue.

The retired government servants and the family-pension holders contribute financial assistance directly in ready cash and hence their economic contribution to the family is very regular. The other aged persons who may be

housewives or non-pension holders also contribute financial help in one way or the other, but their economic help is not so distinct in so far as the contribution of ready cash is concerned. However, they try to compensate it by doing various day-to-day work either being conscious parents or because of their own interest so as to justify their existence as family members, particularly the earning members must not consider them as burden.

Data available in Table – 1reflect that there are 55 pensioners and 21 family-pension holders who earn ready cash as their pension at the end of every month. Irrespective of these aged people, maximum, i.e. 15 or 59.21% earn in between Rs. 1001/- to Rs. 1500/- per month. Next to them, there are 20% (19.74) or 15 persons whose earning are in the income slab of Rs. 1501/- to Rs. 2000/-. They are followed by 7 (9.2%), 4 (5.26%), 3 (3.95%), and 2 (2.61%) persons who earn in between Rs. 2001/- to Rs. 2500/-, Rs. 3001/- and more, less than Rs. 1000 and Rs. 2501/- to Rs. 3000/- per month respectively. A further look at the same table reveals the fact that when the earning of the family-pension holders is limited only to within the income slab of Rs. 1501/- to Rs. 2000/-, it ranges upto Rs. 3001/- or more in case of the pensioners. Hence, the average per capita per month income of the family-pension holders is found to be much lower than the pensioners who come to be Rs. 1389.52 in case of the former as against Rs. 1843.73 of the pensioners are.

Expenditure Pattern of the Aged

Expenditure pattern of the aged has special characteristic features since they have retired from the active life process and are not much involved in home management. It may be observed from the data presented in Table – 2 that more than 76% family-pension holders hand over the total pension amount to their son/s for home management, but it is only 22% of the pensioners who do so. About 51% pensioners keep their pension with them, which is spent in the management of their household. This happens because they belong to a patriarchal society and in that case, they do not normally like to hand over the authority to son/s so long as they are active or until their authority is honoured by their son/s. The total figures reveal that a total number of 31 aged accounting for 40.79% keep their whole pension with themselves and help in managing the household. But there are as many as 28 or 36.81% aged who do not keep

even a small portion of their income with themselves rather hand over the whole income to their son/s or whoever is the manager of home in descending order of authority. The rest 17 or 22.37%, however, partly keep their income with themselves and the rest is handed over to their son/s. Still then the part-income which they keep with themselves is also ultimately spent for the general purpose of the household as most of them opine that they cannot spend it for the interest of self. However, keeping own income with self and spending it for the benefit of the family gives them an eternal pleasure, which is not expressive outwardly.

Work-Pressure and Participation of Aged in Daily Chores of Life

In traditional caste Hindu society, there is job specification for each sex. It is known as the sexual division of labour.

There is no society anywhere in the world, where a person is socially free to do any work irrespective of its gender as both in patriarchal and also in matriarchal societies, some work are women specific and some are men specific. Hence the work of a man is not ordinarily done by a woman. Similarly, a man does not like to perform such work, which a woman should perform. If the system is broken by any person on choice, he/she is not respected or given due prestige in the society. However, these social norms become futile when a person is alone or leads a broken life or is pressurized out of any circumstance. In such a case, he/she may violate the norms and do any work that is required for his/her smooth living or survival. Some of such persons may be the aged men or women. In this case, an aged man may cook and even clean utensils or house floor even if these are specific to the lesser sex, i.e. women. However, in this context one may refer to the data available in Table – 3.

It may be observed from the said table that the aged men frequently help in 8 important day-to-day activities. The aged women have been seen rendering their physical labour in 9 such activities.

The important activities which the aged men frequently attend to are:

looking after domestic animals, like cattle (34.38%), supervision of agricultural work, like keeping vigil over the employed wage-labourers (32.81%); attending to relatives during social functions, such as, birth rites and marriage ceremonies, death rituals etc. (31.25%); shopping for the family (28.13%); looking after the education of grandchildren (26.56%), etc. There are also 1.56% aged men who frequently cook daily-food, clean utensils and house floors, wash clothes, even if these works are generally undertaken by the women; they are compelled to perform these work either because of their helpness condition or because there is no alternative left for them to manage these works otherwise.

So far as the work of the aged women is concerned, the most important work, which they frequently do is cleaning of utensils and house floor; it is done by 37.97% of them. These aged women are followed by those who frequently cook daily-food (22.78%), work as baby-sitter (16.46%), supervise agricultural work (10.13%), look after the education of grandchildren (8.86%), look after the domestic animals (7.59%), wash clothes (6.33%), and attend to relatives during social event (3.80%).

Supervision of agricultural work involves strenuous physical labour. So, men but a total number of 16 generally do this work or 20.25% women also do this job. Similarly looking after domestic animals is also a very painstaking work. It includes feeding the animals, cleaning their body, cleaning their sheds etc. As a result, this work is also specific to the male sex but practically there are more than 24% aged women who do this work out of compulsion or for any other related reasons.

Cooking daily-food, cleaning utensils, and house floor and washing clothes are mainly attended to by the women. But there are 8 or 12.5% aged men who are seen cooking daily-food and clean utensils. Similarly there are 5 or 7.81% men who wash clothes. Hence, it can be concluded that when the age of a man or woman increases or when a person becomes old, his/her gender-based social status gradually reduces, which coincides with the increase of age. So, an aged, either engages himself/herself out of his/her own interest or is engaged in any work ignoring the sexual division of labour because of circumstantial compulsion.

Relationship and Attitude of Family Members towards the Aged Persons

Love, affection and respect are a matter of the state of heart and mind. It is an automatic impulse, which is based on blood tie, nature and behaviour of a person. In a family, all the members are socially bound with one another because of consanguineal and affinal ties. Socially as well as economically they are all dependent on one another. When a child is born, he/she is nourished and brought up under sustained guidance and meticulous effort of his/her parents. It is normally hoped that the children should look after their parents when they become old and incapable. This social system is unique to the human beings only. But the social value, which appears to have been attached to this system, is steadily changing basing on the mobilization of the traditional social values and social attitude. In the changing scenario, many individuals of the younger generation have become materialistic or individualistic by nature, and are forgetting their duty towards their senior family members, particularly the aged parents. Even many consider them as social burden and hence want that they should die as soon as possible so that they would get relieved from nursing duties or from economic pressure. In this context, we address to the data presented in Table – 4. It is observed that in respect of 3 or 2.03% of the aged, their own sons consider them as social burden. But a total number of 24 or 16.21% of the aged experience that their daughters-in-law are considering them as burden. There are as many as 52 or 35.14% aged who did not answer this question. This of course indicates that they are considered as such by some of their family members, particularly by their sons or daughters-in-law. Therefore they are ill-treated in various manners as for example many aged are neglected to share the accommodation facilities available at the life end of their fag. However, the rest 68 or 45.95% however, opine that nobody in their family considers them as a sort of burden.

Family Type and Living Arrangement of the Aged

One of the three basic necessities of human life is to have a house. It is not only required to protect oneself from sun, rain and cold but also to lead a safe and comfortable familial life. It facilitates a group-life and hence caters to a deep social bondage among the family members who may be a married couple, parents, children, grandparents, uncles, aunts, nieces, nephews etc.

This group-life ultimately provides social and economic security to each of its members. Hence, household and family are considered as correlated concepts. As a result, any one of these two cannot be properly understood without the help of the other. Therefore, so far as the social and economic securities of a person is concerned, first of all we are to deal with each of these two aspects, viz. family type and housing provision before we discuss the living condition of the aged under study.

Discussion on the family types to which the aged belong becomes futile unless the basic characteristic features of the joint family system that has existed in India since long past as a cultural identity, is discussed in a nut-shell.

In a joint family system all possible social, economic and moral support-service system are available which are extended to the people of a number of generations, both in vertical as well as in horizontal lines living jointly under the same roof. In short, it can be said that joint family is a system of social insurance against old age and all forms of social, economic, psychological and physical problems of its individual members.

It is very natural that when a person gets older and older, he/she becomes more and more afraid of his/her future security. But in a joint family system, he/she finds himself/herself quite safe and secured from both the social and economic view points as he/her authority in old age or even simple existence is highly respected, honoured and acknowledged by the juniors in the patrilineal and also in matrilineal societies in the interest of social status and prestige of the family. But nowadays, joint family system has considerably lost its social importance and economic significance because of various reasons. In the urban fringes, the importance of this system is very steadily deteriorating because of industrialization and also because of high pressure of modernization and other such related reasons. A sense of consumerism is fast engulfing the younger generations.

However, this problem is not specific to any particular state or place rather it is very broad in its perspective. The state of Orissa is not an exception to it. The situation around Bhubaneswar has become very grim as the younger

people, specifically belonging to the first and second descending generations have become very individualistic, freedom loving, and city-oriented in nature. This has led to the decline of the sanctity of joint family system and hence it is being disorganized, and is disintegrating at a faster pace than the other forms of family. Ultimately the old people fall prey to it and the consequences are becoming very alarming for all of us.

Family Types of the Aged

The data available in Table – 5 indicate that of the total number of 148 aged, maximum, i.e. 69 or 49.62% live in vertically extended families. Even though, sociologically the nature of extended families are more or less the same with the joint family system, here the most important factors are: the provision of common property and concentration of authority system in one person, i.e. the oldest male of the house does not exist. As a result, the social standing of the aged members belonging to this type of family may not be regarded as encouraging or desirable. They are followed by 2 or 18.24% of aged who live in supplemented families. A total number of 2 (1.35%) belong to sub-nuclear family and the rest one or 0.68% aged resides in a broken family.

Number of generations living together

Association with the people of the same generation is natural to all the living creatures, especially the human beings. This is spontaneous as regular attraction between persons belonging to the same generation or age grade is quite obvious. It happens automatically as per the law of the nature.

Within the family, the old people generally require the co-operation and friendship of their counterparts who may preferably be either the male spouse/s or female spouse/s. However, they also require the help of members of filial generations. In this context we may say that of the total sample of 148.88 (44.46%) aged are living in families where members of three generations in vertical lines are available. They are followed by 43 or 29.05% of aged who are staying with at least one generation, excluding them. The rest 17 or 11.49% old unfortunately stay alone (Table – 6).

If a further analysis is made, it can be observed from Table – 7 that there are 26 or 17.57% aged persons in which case they are living alone without a person of their own generation. These people may be widows or widowers. However, as many as 122 or 82.43% of the aged have persons of their own generation. Ego with its first descending generation constitutes 129 cases; they account for 87.16 per cent of the total sample. The aged who are living with the kin of second descending generation come to be 87 in number; their percentage is 58.78.There are only 2 (1.35%) aged persons who have some members of their first ascending generation.

Availability of Living Rooms and the Aged

Housing is a major problem all over the rural India. It is more rampant among the people of low and middle-income groups. Since in the present study we are concerned with the aged who belong to the middle class among the caste Hindu Oriya people, housing is found to be a great problem for these people.

The study shows that highest percentage (42.57%) or 63 aged have only 2 living rooms followed by 32.43% who have 3 living rooms. Nearly 12% own only a single living room. Among the informants who possess 4 and 5 living rooms, account for 10.14 and 3.38% respectively and the rest one does not have any living room (Table-8).

When the question whether the available living rooms are sufficient for all the family members or not was asked to the informants, about 40% (39.86) gave a positive answer and the rest gave a negative answer (Table-9). A total number of 59 aged (39.86%) persons said that the available rooms at their disposal are sufficient for all the family members, and out of that only 34% (33.90) of them have separate living room and the rest 66% do not have separate rooms. However, from amongst a total number of 89 aged persons who have said that the available living-rooms are not sufficient, 13 (14.61%) have been fortunate enough to have separate living rooms. This signifies that their children are very generous towards them. The total figures indicate that as a whole there are only 19.59% or 29 aged who have separate living rooms and the rest 80.41% or 119 do not have the same (Table – 10).

Further, a cursory look at the above table reveals the fact that comparatively a larger percentage (23.88) or 16 aged persons have separate living rooms as against only 16.05% or 13 aged women. This otherwise indicates that more aged women (83.95%) then aged men (76.12%) do not have living rooms for their personal use and living purposes. This is primarily because of the existing practice of male supremacy and the fact of persistence of gender discrimination. The fact becomes very conspicuous when many spontaneously say that the old women are adjustable at any room but certainly not the old men. In addition to this, there is also another factor which is an inherent conscientious character of Indian women in traditional patriarchal societies, that is, they feel subordinate to their men counterparts and hence relinquish all possible comforts for them not only because of their wifely devotion towards their husbands but also for earning ritual merits as per the traditional belief system of Hindu culture.

When it was enquired into the fact that whether the aged who do not have specific living rooms for their personal use or not, it came to the fore that of the total 119 persons 45.38% or 54 aged age adjusted in any room depending upon the situation. Next to them, about 30% or 35 aged reside in the entrance rooms which are normally used for a variety of purposes like storing of vehicles, food grains etc. The condition of 21.85% or 26 aged is found to be very miserable. They lead life of destitution; that is, they are accommodated in the enclosed verandah of the house. Hence they have very meagre space for their personal use. In most of the cases a cot is permanently set up in the verandah and some sac screens or screens made of fronds are used for protecting them from sun, rain and cold. The condition of the rest-aged persons is found to be more serious as 2 or 1.68% of them reside in abandoned cowsheds. But fortunately, they have larger space to use. One person is found to be living in an enclosed verandah of its neighbour on request and the rest one spends his day time in his own house but he has to sleep in the premises of the village community house or *Bhagabat Ghar**, located within the village (Table-11).

Village temple where Lord Krishna is generally worshipped. It is owned and maintained by the villagers or the members ofparticular ward of the village

Concluding Remarks

From the above discussion, it is found that the aged men and women help their children in many ways as per their capabilities. In most of the cases their economic and physical support is adequate in view of their old age. But still then, they are generally considered as useless and unwanted persons by their sons and daughters-in-law. And thus, the aged are treated as a social and economic burden on those persons. In such a depressing and shocking state of mind the aged lead a very miserable and pitiable life.

However, the problems which the aged people in different parts of the world now encounter, are multidimensional in nature, that vary from culture to culture and even from one environment to another. Therefore, their problems as a whole, has become a worldwide issue, and considering the gravity and intensity of their problems, the year of 1999 was designated as the International Year of the Aged. This step has, no doubt, created grater consciousness among a number of individuals at the micro level and many countries at the macro level. Following this idea of international movement, our country, has also very justifiably devoted the year of 2000 for the benefit of the aged by designating this year as the 'National Year of Older Persons'. This is certainly a very good, edifying and salutary step to move forward collectively by creating awareness among all of us to mitigate the problems of those people. Old age and sickness are inevitable stages for all living beings, and humans are the worst victims in the organic world.

We are developing very fast. So far we have achieved tremendous advancement in various sectors of human life and still trying to go ahead by carrying on research on such sectors. This we invariably do with a hope to enjoy our precious life more comfortably and assuredly than what we are today. In medical science research, our achievement is marvelous; a lot of life saving drugs has been invented and the people have now greater access to various medical facilities and better health care system. These have altogether increased our life expectancy. But at the same time, we must agree with the fact that the social and economic problems of the aged are augmenting at an alarming rate coinciding with their rising life expectancy. For this most of the aged consider

as if their problems weigh heavier than living in old age. In such a dolorous and distressing situation they want to die and even in many cases they commit suicide.

We may now analyse as to why the life of the aged is becoming so paralytic, exhausted and difficult while we are becoming more and more modernized and advancing in various fields, for instance, in educational and economic sectors, health care system etc. The important reasons for this might be the disintegration of joint family system and diminishing traditional values pertaining to living together, which thereby sufficiently weakens the kinship bonds and sharing of worries and happiness among the consanguineal as well as affinal kins in a family, and the growing tendency towards individualism by way of being selfish and materialistic in nature since possession of materials gives more pleasure than earning spiritual pleasure by spending time and money for the old people. In societies where the community consciousness of looking after the old parents is gradually being reduced, the old are prone to face more and more problems. Moreover, high rise in cost of living in both the traditional as well as transitional and modern societies together with the impact of western education in different countries of the world have caused such an imperial and precarious condition for the old people in the present-day society. In order to safeguard the basic interests of these people, there must be some social reform, otherwise, the efforts made on enhancing life expectancy or simply stamping a year as the 'International Year of the Aged' or 'National Year of Older People' would not convey any meaning. After all we must remember that we are all becoming older and older by the lapse of every moment of time. If we think of our old parents and grandparents, we will be looked after by our children and grandchildren. The socialisation process must go in this way and the deviants and wayward must be corrected under the social jurisdiction of the community concerned. However, the community should be empowered to sanction punishment and if it is done so, community consciousness would grow and by that the aged would lead their life normally and peacefully. It is time to create a social mechanism to render appropriate counseling to the deviants. This apart government with the help of NGOs has stepped up, social security measures. In this stupendous task community involvement ought to be mobilized. Community must be made to realise its unshakable social responsibility. Something worthwhile must be done for the old and aged by the community/society.

The sad truth is that nobody has the time for the old people, who are in the twilight of life. They suffer from social and emotional isolation.

Old age is that phase of life which most regard with trepidation. Visions of illness and that silent psychological killer-loneliness-constantly haunt the mind of the old. Children have their own lives to lead, careers and families to nurture. And much as they would like to be with their parents, circumstances and paucity of time become impediments for them. As a result parents feel neglected when they must need the support of children.

The Old order of social trust, the joint families, where the omnipotent in-laws controlled the household and its resources have disintegrated by a medley of factors. Quest for salaried jobs necessitated centrifugal spatial mobility of the educated members of the family. Initial individual mobilities ultimately resulted in the migration of their domestic power; the aged have began to experience a growing sense of alienation, so much so, that they feel they belong nowhere.

Apart from senility, and sickness, the old people, in many cases, face the dominant problem of finance. It is the duty of the child to financially support the aging parents, but when it is not forthcoming, life becomes utterly miserable and intolerable. Medical expenditure is a recurring financial burden with today's escalating treatment costs and physician's fees. Life is indeed hell for all those who have been crippled by major ailments. Protracted illness and interminable medical expenditure create insoluble financial crisis for the aged. Society with the help of government must work out rehabilitation and security measures for the old forthwith as the situation is becoming more and more alarming day by day.

Table – 1 Average Income Earned among Aged (Pensioners and Family Pension Holders)

Income Range (in Rs.)	Total pensioners	Total income earned	Av. Per person	Total FPHs	Total income earned	Av. Per person	Both Pensioners & FPHs	Grand Total	
								Total income earned	Av. Per person
< 1000	2	1892	946 00	1	800	800 00	3	2692	897 33
1001 – 1500	30	37140	1238 00	15	19238	1282 53	45	56378	1252 84
1501 – 2000	10	17332	1733 00	5	9142	1828 40	15	26474	1764 93
2001 – 2500	7	15618	2231.00	-	-	-	7	15618	2231 14
2501 – 3000	2	15618	2807.00	-	-	-	2	15618	2807.50
3001 and above	4	13805	3451.00	-	-	-	4	13805	3451 25
Total	55	101405	1843 00	21	29180	1389 52	76	130585	1718 22

Table – 2 Expenditure Pattern of the Aged (Pensioners & FPHs)

Variables	Pensioners	Family Pension holders	Total
Keep the whole income (pension with self and manage the home)	28 (50 91)	3 (14 29)	31 (40 79)
Partly keep with self and partly give to son for home management	15 (27 27)	2 (9 52)	17 (22.37)
Give the whole income (pension) to son for home management	12 (21 82)	16 (76 19)	28 (36 84)
Total	55 (100.00)	21 (100 00)	76 (100 00)

Note: Figures in brackets represent %age.

Table – 3 Work Participation of Non-bedridden Aged men and women in daily life

Sl. No.	Activities	Male (N=64)			Female (N=79)			Total (N=143)		
		F	O	T	F	O	T	F	O	T
1	Supervision of agricultural work	21 (32 81)	26 (40.63)	47 (73 43)	8 (10 13)	8 (10 13)	16 (20 25)	29 (20 28)	34 (23 78)	63 (44 06)
2	Looking after domestic animals	22 (34.38)	11 (17 19)	33 (51 56)	6 (7 59)	13 (16 56)	19 (24 05)	28 (19 58)	24 (16.78)	52 (36 36)
3	Shopping	18 (28 13)	25 (39.06)	43 (67 19)	7 (8 86)	18 (22 78)	25 (31 65)	25 (17 48)	43 (30 07)	68 (47 55)
4	Cooking	1 (1 56)	7 (10 94)	8 (12.50)	18 (22 78)	12 (15.19)	30 (37 97)	19 (13 29)	19 (13 29)	38 (26 57)
5	Cleaning utensils/House floor	1 (1 56)	7 (10 94)	8 (12 50)	30 (37.97)	23 (29 11)	53 (67 09)	31 (21 68)	30 (20 98)	61 (42 66)
6	Washing clothes	1 (1 56)	4 (6 25)	5 (7 81)	5 (6.33)	7 (8 86)	12 (15 19)	6 (4 20)	11 (7.69)	17 (11.89)
7	Baby sitter	-	2 (3.13)	2 (3 13)	13 (16 46)	21 (26 58)	34 (43 04)	13 (9 09)	23 (16 08)	36 (26 17)
8	Looking after the education of grandchildren	17 (26 56)	7 (10 94)	24 (37.50)	7 (8.86)	3 (3 80)	10 (12.66)	24 (16 78)	10 (6 99)	34 (23 78)
9	Attending relatives	20 (31 25)	13 (20 31)	33 (51 56)	3 (3 80)	17 (21 52)	20 (25 32)	23 (16 08)	30 (20.98)	54 (37 76)

Note: (i) F= Frequently, O= Occasionally and T= Total

(ii) Figures in brackets represent %age.

Table – 4 Family Members Thinking Aged Men and Women as Social Burden

	Men			Women			Grand Total
	Pensioner	Others	Total	FPHs	Women WHs	Total	
Son	-	2 (16 67)	2 (2 99)	-	1 (1 67)	1 (1.23)	3 (2.03)
Spouse	1 (1 82)	-	1 (1 49)	-	-	-	1 (0 68)
Son's wife	5 (9 09)	3 (25 00)	8 (11.94)	4 (19.5)	12 (20 00)	16 (19 75)	24 (16 21)
Nobody	32 (58 18)	-	32 (47 76)	6 (28 57)	30 (50.00)	36 (44 44)	68 (45.95)
Do not know/No answer	17 (30 91)	7 (58 33)	24 (35 82)	11 (52 28)	17 (28 33)	28 (34.57)	52 (35 14)
Total	55 (100 00)	12 (100.00)	67 (100 00)	21 (100 00)	60 (100 00)	81 (100.00)	148 (100 00)

Note: Figures in brackets represent %age.

Table – 5 Family Type among the Aged

Family Type	Total Cases	%age
Nuclear	49	33 11
Sub-nuclear	2	1.35
Vertically Extended	69	46 62
Supplemented	27	18 24
Broken	1	0.68
Total	148	100 00

Table – 6 Number of Generations Staying Together

No. of Generations	Total cases	%age
1	17	11 49
2	43	29 05
3	88	59 46
Total	148	100.00

Table – 7 Ascending and Descending Generations Living with the Aged

Generations	Total Cases	%age
Ego without its own generation	26	17 57
Ego with its own generation	122	82 43
Ego with its 1st ascending generation	2	1 35
Ego with its 1st descending generation	129	87.16
Ego with its 2nd descending generation	87	58 78

Table – 8 Availability of Living Rooms

No. of rooms	Persons poses	%age
Nil	1	0.68
1	17	11 49
2	63	42 57
3	48	32 43
4	15	10 14
5	5	3 38
Total	148	100 00

Table – 9 Whether the Available Living rooms are sufficient for all the family members?

Answers	Male	Female	Total
Yes	37 (55 22)	22 (27 16)	59 (39 86)
No	30 (44 78)	59 (72.84)	89 (60 14)
Total	67 (100 00)	81 (100 00)	148 (100 00)

Note: Figures in brackets represent %age.

Table – 10 Whether you have a separate living room?

Category of Persons	Frequency			Have			Don't have		
	M	F	T	M	F	T	M	F	T
Persons having 'yes' answer	37 (100.00)	22 (100 00)	59 (100.00)	13 (35.14)	7 (31 82)	20 (33.80)	24 (64.86)	15 (68 18)	39 (66 10)
Persons having 'No' answers	30 (100 00)	59 (100 00)	89 (100 00)	3 (10.00)	10 (16.95)	13 (14 61)	27 (90 00)	49 (83.05)	76 (85 39)
Total	67 (100 00)	81 (100 00)	148 (100 00)	16 (23 88)	13 (16 05)	29 (19.59)	51 (76 12)	68 (83 95)	119 (80 41)

Note: Figures in brackets represent %age.

Table – 11 Place of staying among aged who do not have separate living rooms

Places	Men (N=51)	Women (N=68)	Total (N=119)
Enclosed verandah of own house	18 (35 29)	8 (11 76)	26 (21 85)
Enclosed verandah of neighbour's house	1 (1 96)	-	1 (0 84)
Entrance room	22 (43.14)	13 (19.12)	35 (29 41)
Adjusted in any room/place	7 (13 73)	47 (69.12)	54 (45.38)
Bhagabat Ghar	1 (1.96)	-	1 (0.84)
Abandoned cowshed	2 (3.92)	-	2 (1.68)

Note: Figures in brackets represent %age.

Old Age in Tribal Society : A study among Santals of village Belkuli, district , Burdwan , West Bengal .

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Key Words: Women, aged, santal, economy, social, health, leisure.

Abstract: Tribal Aged, their problems and the need for intervention form a very interesting field of study. An attempt have been made to understand and examine the plights and problems faced by the aged Santals of Belkuli village, under the Burdwan district of West Bengal.

Belkuli is a multi-ethnic village inhabited by the migrant Santals and the Bengali Hindu castes. In the traditional Santal Society, the aged enjoyed high status, respected, loved and supported by all. But the situation is gradually undergoing a change with the passage of time. The process of industrialization, urbanization, global communication etc., is some of the predominant factors in transforming their traditional way of life. High cost of living, break down of family and such other traditional institutions of care have resulted in the loss of both material and psychological security of the Santal aged.

The scientific study of aging – *'Gerontology'* had been derived from the Greek word *"Geronto-Geron"* meaning *'old man'* and *'logy'* meaning *'science'*. According to Burgess (1960) aging, as the term implies is a process. It begins from embryo and continues till death. Old age on the other hand is a phase like childhood, adoloscence and youth. It is a natural phenomenon and something inevitable and certain like death.

Old age can be a rewarding experience, a prosperous and a successful second age, full of meaning and purpose, provided we develop a positive attitude towards it, which is an essential ingredient for coping with old age, besides a wide range of other responses. Ancient literature in India is replete with several references to the elderly. Long life was cherished, old age was viewed with difference, and the elderly had a positive role to perform in society. Their opinion on social, economic and religious matter was valued, and in the community their counsel carried weight. Also, in the socialization of children they used to have a big hand. They showered affection and ensured compliance to social norms and traditions. On the other hand family and community looked after them, regardless of their productive capacity (Khan, 1989). So, the elderly are a repository of lifetime wisdom, experience and tested skills, which should be exploited for the larger benefit of the younger generation and their resource

also is suitably utilized for our national development.

Aging as an emergent social problem.

According to 1991 census though the percentage of (6.5%) aged population to total population is so high, but the proportion is steadily increasing over the century. The increasing trend is attributed to the higher life expectancy of the aged, which has been possible due to overall scientific and technological developments.

On the other hand, the social scene in India is also changing fast because of rapid industrialization and urbanization. The social scientists feel that in such a changing context, the conditions of the aged in our society and elsewhere have worsened. The aged are compelled to expel their traditional role and status, and their adjustment to the changing situation, or adherence to the traditional ways has become difficult and stress in them have appeared. In short, the ageds are now transformed into a marginal group. Even in a tribal society like the Santal the aged are now virtually thrown into a life of uncertainty and anonymity.

Condition of the Aged in a tribal society like the Santal.

The Santal Society still largely living traditional where the family and kinship ties are still strong, the ageds are not considered a problem. But modernization, urbanization, industrialization, migration of young members breaking up of joint family system etc. have made the condition of the Santal aged vulnerable. Now they are facing so many problems such as health, economic, Socio-psychological etc. in the changing situation. So an attempt have been made to assess the aged Santal's understanding, feelings and attitude towards this changing situation. It is significant to note that there is a dearth of information on the problems of aged of various tribal groups in our country. Hence the present study is utterly important and an effort had been made to reveal many hidden truths of the problems of aging among the Santals residing in the Belkuli village of the Burdhaman district of West Bengal.

The village Belkuli is a multi-ethnic village inhabited by the migrant Santals and the Bengali Hindu Castes. The village is broadly divided into three

Santal paras or (tolas) namely Dakshinpara, Babla para and Pakhapara. The Santals of Belkuli had migrated to the locality from the Santal Pargana in Bihar and Midnapore in West Bengal quite a few generations ago. The total population of the Santals in Belkuli village is (418), while the total aged Santal population is (73) i.e. [who have attained 60 years of age or more] out of which (38.35%) are aged male while (61.65%) are aged female. The whole study have been covering the following aspects of the aged Santals:

i) Economic condition
ii) Living condition
iii) Health condition
iv) Status, role and relationships with other family members
v) Various schemes undertaken by the government for the benefit of the Santal aged.

Economic Background of the Santal Aged

The study of the economic conditions of the aged forms an important aspect of gerontology. The Santal ageds of Belkuli are not always burden to the family as they do some sort of work. They often keep themselves engaged in some or other indoor activities – that do not require hard labour. The main occupation of the Santals of Belkuli is agricultural day labour with a wage of Rs. 27/- plus 2 kg of rice per day. The following table depicts the economic status of the elderly tribal population of Belkuli.

Table : 1 Economic status of the aged tribal population

AGE	INDEPENDENT		DEPENDENT			
			PARTIAL		FULL	
	M	F	M	F	M	F
60 – 64	11	14	2	8	-	2
65 - 69	1	3	-	6	8	4
70 – 74	-	-	-	1	6	4
75 – 79	-	-	-	-	-	1
80+	-	-	-	-	-	2
TOTAL	12	17	2	15	14	13
% of total aged population (73)	16.43	23.28	2.73	20.53	19.16	17.80

From table – 1 it is seen that out of total Santal aged population of 73 in Belkuli, the percentage of aged male Santals who are independent (i.e. those who do not depend on the other members of the family for livelihood) are (16.43%), while in the case of aged female Santals it is (23.28%). So, the total percent of independent aged Santals of Belkuli, i.e. those who do some kind of work are (39.72%).

As far as the type of occupation of elderly tribal working population is concerned in case of males (13.69%) are involved in agricultural day labour, while (2.73%) are non-agricultural workers. In case of aged females (19.18%) are working as agricultural day labour, while (4.10%) as non-agricultural workers.

Several reasons were put forward by the aged Santals of Belkuli for the continuation of active participation in work in advanced stage. The data obtained from such persons (12 males and 17 females) are as follows:

i) Reluctance to part with the status of full economic independence. (16.66%) of the males confirmed to this while in the case of females no one contributed to the idea.

ii) No one to look after, hence sole earner of the family in case of males

(16.66%) is working for this reason, while in the case of females it is (23.52%).

iii) Those who are the provider of partial income for the family, i.e. those who work to supplement the family income – in case of elderly males it is (66.66%) and (76.47%) for elderly females.

It is clearly observed that the tribal people irrespective of sex continue to work as long as their health permits them to lead a better life, i.e. to make themselves free as far as possible from the engulfing clutches of poverty. Though in this paper a person who have attained (60) years of age and above have been considered as 'Old' in accordance with the World Health Organization but the conception of 'Old' among the Santals of Belkuli is quite different. They consider a person old only when a person looses his or her capability to work and earn for the family.

Again from table – 1 it is evident that (19.16%) of aged male and (17.80%) of aged female fully depend on other members of the family for livelihood, i.e. (those who cannot work at all). It is further noted that (2.73%) of aged male and (20.53%) of aged female partially depend upon their family for livelihood, i.e. (those who do work occasionally or get old age pension). One important feature observed from the above table – 1 is that the number of economically independent aged Santals varies between the age group of (60-64) and (65-69) and with majority being between (60-64); with further aging they slowly loose the capacity to work and hence become dependent on others for livelihood. Active participation of women in work is another important character noted from table - 1. Unlike the traditional Hindu Society, the Santal women including the aged go out to work. The main reason for this is poverty. They make out a living just to keep their body and soul together. There are no savings. In order to meet with several essential needs of life like marriage of children, personal medical treatment etc, they naturally have to take loans from the local money-lenders who are also the owners of the agricultural fields. They lend money at high rates of interest, which seldom can be paid back. Gradually they become engulfed in the huge ocean of debt. So, the Santal Old age is characterized by economic insecurity. They continue to work as long as they are physically capable and retire only when the advancing age has its full grip on them.

Those who depend on agriculture for their livelihood do not have worth while schemes for economic security during their old age. Of late the State Government has introduced the Old Age pension scheme. But the quantum of such assistance is woefully meager and payment is not made regularly. The situation of the aged Santals of Belkuli is more acute as they do not have any land or productive assets, but are solely dependent on the sale of labour.

Living Condition of the Santal Aged.

Living arrangement of the elderly forms an important area of study on the aged. Like any other aspect, housing or house in which a person lives, indicates his socio-economic status, taste and also the facilities he or she can avail. House is a property, which is owned individually or jointly. It may be self-earned or inherited. All the 73 aged Santals of Belkuli have their own houses, but the condition of these houses is extremely poor. They are mud-built, thatched roofed and ill ventilated which cannot provide them with enough space and comfort such as warmth/coolness or privacy.

Regarding the type of residence pattern which the aged desires is evident from following table – 2.

Table : 2 Type of residence pattern the aged desire

GENDER	TYPE OF RESIDENCE PATTERN THE AGED DESIRE				TOTAL
	LIVE JOINTLY WITH WHOLE FAMILY		LIVE SEPERATELY ONLY WITH SPOUSE		
	NO.	%	NO.	%	
MALE	24	85.72	4	14.28	28
FEMALE	42	93.34	3	6.66	45

In case of the aged males of Belkuli, (85.72%) of them desires to live jointly with married sons and grandchildren while only (14.28%) expressed their willingness of living separately with the spouse. Similarly, in case of the aged females, (93.34%) of them desire to live jointly with the whole family, while only (6.66%) desire to live separately with the spouse. Thus living with children and grand children happily is the intense desire of all the elderly people, as expressed by them, and on that count, those living with children and grand children may be considered as better off as compared to those who live alone. But large variations were observed in the level of support they received due to age, sex, presence of spouse, land holdings etc. Living with the children does not indicate banking upon support, though it may not guarantee the fulfillment of hope always. It also implies the acceptance, by the young, of social obligations of the young towards their elderly parents. As regard the availability of basic facilities like toilet, drinking water and electricity to the aged, most of them are inadequate and poorly developed.

Leisure-time activities

The majority of the aging people spend at least part of their day doing nothing what so ever, and the amount of time spent in somnolent idleness increases with age. For the Santal ageds of Belkuli, activities that were fully absorbing and gratifying throughout adulthood often loose much of their meaning. Leisure time activities that were a part of the full-fledged family life may loose much of their attraction after the onset of aging, when the children have families of their own. There is also the problem of synchronization of leisure, the ageds are free at times when most of the other members of the community are involved in work, and this may increase aged's feeling of alienation from the community.

The leisure time activities of the ageds of Belkuli include taking off cattle to graze in the fields, looking after the grand children, making chatais (mats), consuming handia, listening to radio, gossiping with neighbours etc. For those elderly who are immobilized owing to ill health or poor vision, passing out time for them becomes all the more difficult.

It may be suggested that arrangements must be made to tap the talent

and skill of the Santal Aged for the betterment of the community. This will give the aged an opportunity to pass their time with ease and in a more meaningful manner.

Health condition of the Santal Ageds

Health is broadly viewed "as a complete physical, social and mental well-being and should enable man to lead a socially and economically productive life." (World Health Organization, 1971). Health is an important factor in aging. After infants and children old people are most vulnerable to morbidity and mortality as health impairment is a function of aging process. Prolongation of life is not sufficient unless the extended period of life is made livable. Health becomes a crucial factor in this. (Sahu, 1998).

Health is a major concern for the aged Santals of Belkuli. They do not take much care about their health. During the old age, power of resisting a disease diminishes. They become ill due to the frequent attack of various diseases and no medicine can cure them completely. They often become home bound due to their dim eyesight, hearing deficiency and poor physique. Health practices are not well developed here. Most of them follow the traditional method of treatment, i.e. consulting the *Ojha* for herbal medicines and spiritual care. They feel that their disease or ill health is their physical disabilities and often pray to their deities for curing these diseases. Many of them now do consult the hospital doctors at Kalna, but cannot continue their treatment due to their extremely poor economic conditions.

Table : 3 Health Condition of the Aged Santals

AGE GROUP	HEALTH CONDITION								TOTAL
	GOOD		MINOR PROBLEM		MAJOR PROBLEM		INCAPACITED		
	M	F	M	F	M	F	M	F	
60-64	5	9	5	12	3	3	—	—	37
65-69	—	4	4	5	5	4	—	—	22
70-74	—	—	—	1	5	3	1	1	11
75-79	—	—	—	—	—	—	—	1	1
80+	—	—	—	1	—	—	—	1	2
TOTAL	5	13	9	19	13	10	1	3	73
% of total population (73)	6.85	17.81	12.34	26.04	17.80	13.69	1.37	4.10	100.00

Table – 3 depicts the general health condition of the aged Santals of Belkuli. The health condition have been classified into 4 general categories –

i) On the whole good
ii) Minor problem
iii) Major problem
iv) Incapacitation

It is observed that out of the total aged santal population of (73) in Belkuli, (6.85%) of males and (17.81%) of females have on the whole good health. This data also shows that in comparison to the aged males, the aged females are more physically fit. Also in between the age-group (60-64) good health is very common, and it gradually deteriorates with increase in age. Minor health problem i.e. [pain in head, pelvic region, backbone, arthritis, acidity, fever] is among (12.34%) of males and (26.02%) of females. In comparison to other categories in which the health condition of the aged santals has been classified, minor health problem is found in highest percentage among them. Also, the females have more minor health problems than the males. Major health problem i.e. [T.B., paralysis due to cardiac arrest, ulcer, respiratory problem etc.] is found among (17.80%) of aged males and (13.69%) of aged females. The males, as seen from the data have more major health problem in comparison to the females. The incidence of major health problem increases with age. Incapacitation due to

age is found among (1.37%) males and (4.10%) of females. Incapacitation as it is observed is much less among the men than among the women. On the other hand, disease worked greater havoc with men than with women.

Regarding the type of treatment of these diseases, the majority of the aged in Belkuli is not getting adequate treatment. The reasons for this have been broadly classified into two groups – social and economic. The economic cause includes the extremely poor economic condition of the santal families of Belkuli for which they are not able to avail better medical facilities. Poverty prevents the aged people of Belkuli from eating good and nutrious food necessary for good health and as a result they frequently fall ill. While Social causes include conflict between aged parents and their sons, negligence on the part of the sons to look after their aged parents, etc.

Thus, it is clear that the aged people of Belkuli have serious problems (poverty, ignorance, etc.) which hurt them of their prestige and honour, create mental tensions leading to various health hazards in them and disrupt their harmony with the kin groups.

Status, role and family relationship of the Santal Ageds

The status, position and roles to discharge of the ageds differ from one society to another. In the santal society, respect for the aged is one of the central values. They are treated not as liabilities but as assets for the family and society. They are the advisor, source of wisdom, source of knowledge and well wisher for the family as well as the society. But the situations are rapidly changing now days. The rural as well as the tribal life is breaking due to urbanization, industrialization, engagement of family members in modern means of livelihood etc., which in turn have brought about radical changes in the basic institutions effecting both status and security of the aged.

The following table depicts the status of the aged santals in their respective families –

Table : 4 Family Status of the Aged Santals

AGE GROUP	HEAD		NOT HEAD		TOTAL
	M	F	M	F	
60-64	11	8	2	16	37
65-69	1	4	8	9	22
70-74	—	—	6	5	11
75-79	—	—	—	1	1
80+	—	—	—	2	2
TOTAL	12	12	16	33	73
% OF TOTAL POPULATION	16.44	16.44	21.92	45.20	100.00

As evident from table – 4 (16.44%) of the aged males and (16.44%) of aged females are head of the family while (21.92%) of aged males and (45.20%) of aged females are not head of the family. Traditionally in the Santal Society, which is patriarchal in nature, the head of the family is usually the eldest male member of the family. But this situation is changing rapidly now days. Burgess (1951) observes, old age emerges as a social problem where economic competition works at every level thereby creating a decline in the role and status of the old of non-earning members. The same is true in the case of the aged Santals. The younger members of the family who were once under the control of the aged head of the family, are now on major issues crazing for independence. Now, they tend to avoid consulting the older family members while taking important decisions. This gives severe jolt and shakes the aged. The economic dependence of the aged is equally responsible for the deterioration of their status in the family. The workers who were earning their livelihood by putting their physical strength day by day when grow old- cannot work speedily and efficiently as before. Consequently they cannot earn much money and hence face a financial crisis. Their children also fail to support them basically because of their low wages. Disease also counts for the status of an aged in the family. If a person is suffering from some kind of chronic disease, then he is not been able to look after the family properly as before which ultimately causes a decline in his status in the family. In that case his wife or son becomes the head of the family.

Thus, the erosion in the veneration shown to the aged santals, the weight given to their advice, the eagerness to have them to mediate in disputes and the consequent emergence of new values and norms is creating despair, anguish and insecurity in the minds of the elderly, which is ultimately contributing to emotional impairment among the old people of Belkuli.

Role of Government for the benefit of the aged with reference to santal tribe

The Santal aged of Belkuli fall under the scheme of Old Age pension-commonly known as the (N.O.A.P.) , pensions of Rs. 100 per month under the District Rural Development Project (D.R.D.P). But the quantum of such assistance is woefully meager. Only a few selected ageds get this pension who satisfy the following conditions:

i) He or she should be of 65 years of age and above.
ii) Should be below the poverty line.
iii) Should give a declaration that no one in the family gives him or her to eat.

In the absence of social assistance programmes reliance on children especially on son is the only survival strategy. But as it has been mentioned earlier as the traditional family system is disintegrating, the love and affection towards the aged are also in the continuous process of affecting. In this crucial situation the needs, problems and insecurity of the aged cannot be left to the family alone. The Government and voluntary agencies must lend a helping hand in a big way.

India being a welfare state, the welfare of all her citizens including the aged becomes the duty of the state. But there is no separate welfare scheme for the santal aged in particular launched by the Government. Nor the wave of the type of welfare offered by the various voluntary agencies had reached Belkuli.

The International Conference on Population (1984) recommended that the "Government should view the aging sector of the population not merely as a dependent group, but in terms of active contribution that older persons have already made and can still make to the economic, social and cultural life of their families and communities". This is more suitable for the aged santal as

they are very much habituated to remain engaged in economic activities. Really they never enjoy any leisure. The role of 'Institute of Rural Management' (voluntary organization working for the santal tribe) is found more suitable for the sake of the santal aged. The institute is trying to get financial aid from the Government to run programmes for the health of the aged.

In conclusion it may be said that the aged santals truly deserve special attention. Now the time has come to think deeply of the serious condition of the santal ageds in particular and other ageds in general, so that they may spend the twilight of their lives with self-respect and dignity.

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The Life and Times of the Aged of Solan District in Himachal Pradesh: An Anthropological Study.

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"An old man loved in winter with flowers"
- Old German Proverb.

"Sans teeth, sans taste, sans everything"
- Shakespeare, 'As you like it', Act 2, Scene 7.

Abstract: Every month 1.2 million people are added to the world's older population. The U.N. had declared 1999 the International Year of Older Persons. This resource of knowledge and experience will increase to 1.4 billion persons above 60 years of age by 2020 A.D. The aged have their own problems and require special assistance in order to continue to perform as useful members of society. In India, the life expectancy is gradually increasing due to better health practices. As a result, older people are being added to the population. It was felt that a survey was required in this background in order to aid the work of NGOs and the government to help them to fulfill their felt needs and make their life more meaningful.

Senior citizens are faced with several problems such as loss of income and status, loneliness, helplessness, illness etc. The aged are also deprived of work, depending on charity, old age assistance or the benevolent help of others. Suffering from all types of physical ailments and even becoming victims of robbery, assault and other crimes. They have either to live with their deficits or make good the losses, which they are bound to suffer. The problem of the elderly poor is, however, not only very acute but is also conceptually distinct from that of the affluent strata because they are not able to allocate funds for old age.

INTRODUCTION: THE GLOBAL CONTEXT

The ancient Romans had a life expectancy of 22 years. About two thousand years later, the quality of life and Science have advanced to such a level that the average global man lives to a ripe age of 65 years. However, this life expectancy is not uniform. In Sierra Leone, an individual may live to an age of 38 years on an average. From these

This research work has been under taken under U.G.C. Department Special Assistance Progamme at the Department of Anthropology, Punjab University, Chandigarh.

lows, males in Japan may expect to live to an age of 76 years while females upto 83 years at the upper level of the scale. 57 years ago, however, the story was very different. Japanese males lived to an average age of 35.4 years and females to 43.6 years (Srivastava, 2000:22).

Considering this, it is time the attention of the world shifts to the older people. The data given in Table – 3 shows that ignoring them can lead to immense social costs and a substantial decrease in the potential working population.

Meanwhile, the data given describes the Indian situation and then the plans and policies adopted by the government to alleviate the problems of the aged.

The National Situation

In India, the average lifespan in 1983 was 52 years. By 2000, this exceeded 62 years (Srivastava; 2000:22).

Himachal Pradesh: Case Studies of the Aged

A more specific look at the condition of the aged is seen from the local areas of Solan district in Himachal Pradesh, India. As a result of the Adopt-A-Granny Programme, about a 100 aged persons are visiting RUCHI, a voluntary organization working among the aged near Baddi. The cases have been taken from this area. A schedule was filled up and some of the old people were interviewed in greater detail, sometimes in their own villages. A preliminary set of observations from this ongoing study is presented below:

Himachal Pradesh is a predominantly hilly region, located in the middle of the Himalayan range. As a result many areas are inaccessible. Solan district is more accessible than others, with many areas having motorable roads. This does not mean, however, that Himachal Pradesh is 'backward' in its administration.

The Himachal Pradesh Maintenance of Parents and Dependants Bill, 1996 has still to get Presidential assent. It has two mechanisms to ensure that old parents and dependants are taken care of by their children and grandchildren. The first is through a

maintenance officer, the second is through an approved person or organization. The advantages includes the involvement of social organizations in the legal process, the simplification of legal procedures, flexibility regarding age limits, case of attachment of salaries, conciliation processes, etc. The disadvantages primarily focus on how often the statute will be used by older persons.

Himachal Pradesh has the second highest proportion of 60 years and above population in 1991 amounting to 8.1%. The economic dependency ratio among females in rural areas is lowest. 48.7% of the rural elderly females are fully dependent on others. Yet, it has the highest ratio of economic independence among females in rural areas amounting to 23.6%. The highest proportion of widows 80 years and above are present in this state amounting to 80.9%.

From the data collected from various villages and the older persons who visited RUCHI in district Solan, Himachal Pradesh, it was apparent that out of a total of 135 older persons, there were 55 males and 80 females. The distribution of these older persons in various age groups (See Table – 4) show that the members increase upto 60 years and decline again after the age of 70 years. The number of females is also significantly greater in this decade.

On taking a look at the distribution of incomes between males and females, most earn between Rs. 500 to Rs. 4000. Due to the differential distribution of males and females, it is not possible to speculate about the relative earning potential of the two sexes.

All of those studied were found to be Hindus. 45 of the entire sample were married. 6 were unmarred. 65 were found to be widows and there were 16 widows. In one case the husband had deserted and in the other case the wife had deserted. One had given no reply.

112 of the aged studied have a home to stay in. 17 of them did not have a home to stay in. 6 gave no response. 62 lived in their own home. 35 of them live with their families. In these last two categories 37 gave response and 1 was living with ā sister. 33 saw their families very frequently. In 19 cases the family lived nearby while23 did not live nearby.

2 men and 21 females had moved at least once in the course of their life. 18 (including 2 women) had not moved. Of these, 19 women had moved due to marriage. The two males moved because, in the case of one, his daughter lived there and he was staying with her while, in the case of the other, he had bought land in that area. Except for one who gave no reply, one had moved a year ago and the others had moved between 35 to 64 years ago due to marriage. Most had moved between 40-50 years ago. 94 had not responded at all.

9 men and 8 women could get about on their own while 8 men and 7 women could not. No responses were given by 24 females and 21 males. 8 males and 11 females had asthma. 5 males and 10 females had arthritis. 1 male had high blood pressure. No disease was recorded for 2 males and 3 females only. 1 male had his leg amputated. 6 males and 4 females had eye problems. 5 males and 7 females had poor health, weakness and pains in the body. 1 male and 1 female had paralysis and hysteria. 1 male and 2 females had tuberculosis. 1 female had gangrene. Kidney problems were seen in 1 male and 1 female. 1 female had backbone problems. 3 males and 3 females had fractures. 2 females had anemia. 1 male was dumb by birth.

Regarding previous occupations, 3 males were masons, 26 males and 46 females were in agricultural, 1 male was a barber, 2 males were cooks, 1 male and 1 female were cobblers, 10 males and 6 females worked as labourers at various places including mines. 1 male and 4 females were into basket-making, 1 female's husband is a carpenter, 1 female's husband worked in a spinning mill, 4 females were selling fruits, vegetables, bargaining and marketing, 1 male reared animals, 6 were housewives, 1 female was a teacher, 1 female was a sweeper, 1 male was a blacksmith, 1 female was begging and 2 males and 3 females had no source of income. 16 gave no response.

Regarding present occupations, 4 males and 7 females participated in animal or goat-rearing, 2 males and 5 females depend on others, 20 males and 6 females were unemployed with no source of income, 19 males and 3 females were occupied in agriculture, 10 men and 3 females were labourers, 1 male and 5 females were basket-making artisans. 1 female knew spinning, 1 female sold bangles, 2 females were maidservants or domestic servants, 9 females (including 1 window) were housewives, 1 male was a barber, 1 female was a beggar, 1 male had a tea stall, 1 male worked at home and 1 female was a midwife.

Individual cases from various older persons showed a host of experiences that they liked to relate coupled with difficult and hard lives.

In one case a farmer could not carry on agriculture due to ill health. He also had weak eyesight.

Another individual was a labourer in a mine but due to illness he could not go out very far to look for work. His wife used to help him by collecting stones from the nearby hills. Initially, it was hard for him to live with his illness but now he accepted the truth.

Another couple used to beg because they never had enough agricultural land. The husband died 10 years ago. As a result, the woman still begs. She claims that she never saw good days and "there were many days when I slept without food." She accepts her lot as a part of the ageing process.

A woman's husband died 12 years ago. She is now living with her son and earning her bread by working in others' houses as a servant.

A labourer was not working due to joint pains. His neighbours feed him. He remembers the incident, which separated his wife from him with clarity:

"It was some day forty years earlier. That day I was awake at 6 a.m. as usual and was preparing to go to work on the daily wage. My wife was not feeling well and did not serve me breakfast and pack my lunch. I felt horrible and started fighting with her. She also got annoyed and scolded me. I missed my work and hence I slapped her. In the afternoon when I came back my wife had gone to her in-laws. I followed her but she refused to come back and her brother forced me to part ways with her. Late night I cried but never went back to her."

An old lady had poor eyesight and felt general weakness. She was a housewife and worked for others doing their household work like cooking and washing clothes. Her husband, now dead, used to work as a labourer on a piece rate basis. Her daily life is one of hardship and drudgery:

"I lead a simple life starting it early in the morning when I go to neighbourhood

for doing household things. I return at noon and help my daughter in the kitchen. I have faith in God and only due to this faith I could survive after a struggle in life which is not a bed of roses for me. In the evening I again go out to work in a family. Hardly I get time to play with my grandchildren in the late evening. The happiest day of my life was the day when my youngest daughter was married and I felt free of my responsibilities about 10 years ago."

Old people remember marriages well whether of their son, their children or the children of a friend. One old lady's husband was an agriculturist but is now too old to work in the fields. He used to grow local fruits and vegetables. She also used to help him in selling these fruits and vegetables. She is happy but due to old age she feels general weakness but otherwise she is fine and happy. She remembers her marriage with joy.

A second woman's husband was dead. He used to stitch clothes before he got paralyzed. In spite of acute stomach disorders and body pains, she was happy to be mobile and still healthy. She remembers the marriage of a friend's daughter in a neighbouring village.

"I get up at 7 A.M. and go to bed at 10 P.M. daily. One day after finishing my daily chores I went to another village to attend the marriage ceremony of my friend's daughter. I joined in singing till afternoon. The groom came at 3 P.M. and with a good reception food was served to all. It was delicious and liked by all. In the evening we all danced and sang songs again and went to bed very late at midnight. I returned home the next day."

A third man, an agriculturist, had a wife working as part time traditional midwifery work. He describes his feelings at the marriage of his daughter:

"I was strangely sad when my daughter got married. I did not feel well that day. To perform all ceremonies I got up early with other members but did not do anything from the heart. I did not eat anything that day. The ceremony took place in the evening at 4 P.M. and I saw the newly married couple at 6 P.M. I wept a lot. I went to bed at 10 P.M. after seeing the guests off but could not sleep that night. In fact the sadness remained with me for the whole of next week."

One lady's husband used to make mats from palm leaves and help in marketing them in the local market. She is a housewife and her husband died 15 years back. Since then she has been living with her son and contributing to his family by making mats from soft sticks. She has tuberculosis and due to this she feels weak and isolated. She remembers her daughter's marriage with great joy.

An old lady's husband was a mason who undertook construction work. He died 4 years back. She is a housewife working in a small agricultural field. She has weak eyesight. She remembers the conception of her son very well.

"It was the day when I got my only son 21 years back. I had tired of taking all treatments but failed to conceive. Then I went to our famous holy goddess Vaishno Devi Shrine in another state, which is 4 hour's climb. I worshipped a lot and prayed for a son. I could not believe when I came to know that I had conceived. Next year I got my son. Even in that age of about 42 I delivered a healthy boy. All my relatives were happy and blessed us with good wishes."

Another couple also remembered the birth of a female child and then distributing sweets bought from the market among the neighbours. Another man's wife died 17 years back. Since then he has been living with his son. He remembers distributing sweets when his grandson stood first in their District in Higher Secondary Education. They organized a prayer at home, where the priest gave him blessings. Yet another old woman remembers the distribution of sweets when her son finished his middle standard education.

A basket-maker died 23 years ago in an accident. His wife lives with their younger son. An account of her daily life gives a good idea of village life for the elder people:

> "It was the first Monday of November, 1997. I got up at 5 A.M. and did my daily nature's call. I went to the forest to collect fuel wood and fodder for my cattle. I came back around 12 o'clock and had my lunch. I took my cattle out for grazing. I came back around 3.30 P.M. and then collected bamboo sticks and made half a basket. In the evening I sat with my son and his wife beside the fuel-wood oven and ate dinner. We all had a little gossip till around 8.30 P.M. and then went to bed."

One basket maker remembers a rainy day at the market when there were no customers. A truck from Chandigarh bought all her baskets. Another basket maker recalls with pain the death of her husband:

> "My husband was a highly skilled artisan and his baskets used to have a good finishing. One day he fell sick and complained of stomach pain. Next day I took him to the dispensary but the medicine was not effective. His pain became acute that night. There was no doctor nearby nor was there a vehicle to take him to the town hospital. We were all awake and sitting with him praying for his life. Suddenly at 4 A.M. he left us for the heavenly abode. That day cannot be forgotten by me. Since then I am struggling to maintain the family."

An old woman's husband died 5 years ago. He was an agriculturist, growing local fruits and vegetables. She used to help him. Now she has become immobile and confined to her bed. Her family members consider her a burden. She is dependent on others:

> "As I have to do everything on my own I get up around 7 A.M. and cook only once breakfast-cum-lunch which I eat around 10 A.M. Then I go out to bring fodder from the nearby forest for my cow. I return at 2 and take rest upto 4 P.M. In the evening I cook and eat early. Sometimes the children of my neighbourhood friends visit me and listen to stories. It is rarely that I get the opportunity to visit the town or city. On occasions I am offered meat, otherwise I take maize bread with pulses."

The accounts given by people show the difficulty of coping with a handicapped life as in the case of a skilled mason.

Yet, another aged woman remembered her husband who had died on the 15th of May 1994 due to tuberculosis. She says:

"I cried a lot that day and felt lonely in the evening after his cremation. Though my relatives were there for consolation but it was hard for me to accept that I will have to live alone and would not be able to share my feelings with my husband. It took me several days to settle down but the memory of that is still fresh in my mind. It was really sad day for me."

Another woman, whose husband died of asthma on 20th March, 1997 had almost identical feelings after the death of her husband. This feeling of loneliness and being left alone haunts the aged in the autumn of their life. This is why occasional trips to other areas, marriages in the family and the visit of old friends are important events. Therefore, such incidents of joy reflect the actual pain of loneliness of old age.

A farmer grew seasonal vegetables to make a living. His wife helped him in agricultural activities and the daughter-in-law in the kitchen. Due to old age he feels pain in his joints otherwise he was fine and happy. He claims that:

"It was the summer of 1996 when my friend came to see me in the forenoon. We had lunch together and went to the nearest town to refresh memories of our youth days. We gossiped endlessly, smoked and had tea many times. When we were about to return I saw an old acquaintance. She used to be very close to me as we had studied together. We also invited her to my house. She had become a widow in young age. We had a lot of discussion at night and went to bed very late."

Another woman's husband died 4 years back. She is unable to walk straight due to pains in her backbone. She says that:

"It was the winter of 1997 when my friend came to see me in the afternoon. We had lunch together and remembered old days, such as how we played at the age of just 12 or 13 years. One day we had quarreled with each other and did not speak for one week. One of our classmates also met us that afternoon. We also invited him to my house. He had become a widower in young age and never married afterwards. We had a good dinner together and a lot of discussion at night and want to bed very late."

In yet another case, a woman said:

"It was the winter of 1997, when my friend came to see me in the forenoon. We had lunch together and remembered old days. She was married to a cop and was making a good living. When studying she used to be very naughty and fight with all boys. In the evening her husband also came to pick her up but I insisted on him to stay back. It was after a long gap that I had got an opportunity to talk my heart out and was feeling very happy. We had a lot of discussion at night and went to bed very late."

Two people, an aged man and a woman describe a joyful day on the festival of Diwali as being very memorable.

Others try to live out their old age by carrying on with their earlier occupations. It was seen earlier that the old people do keep on making baskets or carrying on with their agricultural activities.

This loneliness of the aged makes them remember events where they have been with others. One remembers visits to the fair at Kuthar and watching bullfights, three remember visits to Shimla as an important event and two others remember the celebration at the coming in of the New Year. But the spectre of a lonely, bed-ridden end always hangs over many of their personal accounts. According to one old lady:

"One night I could not sleep and had stomach ache. Next day my son took me to hospital for a check up. After tests the doctor declared that my kidneys are failing and ordered more check-ups for which I was asked to go to Chandigargh, 70 kms. from my village. I had not had lunch during that day and came back home at 3 P.M. I was sad to know that the treatment will cost me a lot of money and that I will never be able to do hard work. My son consoled me a lot but the pain for a dark old age remained inside me."

Finally, two old persons, a woman and a man remembered their encounter with a leopard. No harm resulted.

This data given above gives a specific perspective to the general statistical data regarding older persons. By putting together the two perspectives-general and specific-one may gain a better perspective on the ways older persons may be aided in achieving their goals.

Conclusions

The number of older persons is going to increase by significant amounts in the years to come. As a result, problems of the aged will have to be foreseen in advance in order that they may be countered. Unlike in the global context, India has a history of respect and maintenance of elders given by its traditional cultural ethics and due to the structural requirements of the joint family. However, the economy has changed as have

social requirements. The joint family and other social structures so far ensuring the maintenance of the elderly are collapsing. It is no longer valid of the state to abdicate its responsibility of looking after the elderly.

Only after the state has completed such a procedure can a systematic implementation of its policies occur. Only then can a proper assessment be made. While a policy has been prepared, many lacunae exist and only concentrated lobbying and action can rectify it. Further, the policy has yet to be implemented fully.

At a different level, in spite of a 'National' policy on older persons, there are local differences in cultures and hence in the way people behave. This means that a National policy may not be so useful at the level of local units. Such a particular incident has been seen in the differential functioning of the laws of a state like Himachal Pradesh. In this regard, perhaps, Non-Governmental or Voluntary Organizations working in this area have to be consulted in order to recover basic ideas regarding the people in collaboration with social scientists.

The functioning of such an NGO in Himachal Pradesh reveals not only relevant overall trends but also the problems that the aged face individually and what methods may be used to overcome them.

The old people, as the data and their biographies show, feel lonely. They cannot communicate well. They look forward to a decreasing number of old friends and remember their rare visits with pleasure. Sometimes, it is the thing that they remember the most. This shows that perhaps the structures of the family that looked after the elderly and gave them a happy life are not functioning well. They require to be boosted with the help of other associations that perform the same functions.

The aged are also a repository of tales from the past, now seen by children only in textbooks. A conscious attempt needs to be made by organizations working among the aged to store such 'tales' or information for future generations. Incidents that describe wild life or fauna and flora are also interesting and provide a learning experience for children and grandchildren. They also describe a culture that has now changed, with a different perspective on a way of life. These need to be preserved. In turn, an interest shown by people on these aspects will kindle new interests among the aged.

Plans may be made and policies formulated but ultimately it has to be acted out by people. Morality and ethics cannot be planned by governments. It has to be enculturated in individuals who have to behave in better ways with the elderly in the neighbourhood, incorporating them into their lives to enrich it.

The Ministry now has grants-in-aid for 44 Old Age Homes, 164 new Day Care Centres, 12 new Mobile Medicare Units and one new project for proving Non-Institutional Services to the Older Persons during 1998-1999. It supports 230 Old Age Homes, 387 Day Care Centres, 40 Mobile Medicare Units and three Projects of Non-Institutional services for Older persons (GOI, 2000: 273-274).

However, it is only the people of India who can ultimately help the aged to live their lives to the full creativity, wisdom, peace, security, wealth and love that they deserve.

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TABLE 1 PROJECTED TOTAL POPULATION AND ELDERLY POPULATION, 1999-2020
(IN MILLION PROJECTIONS ARE MEDIUM VARIANT)

Region	1990			2000			2020		
	Total	≥65	≥80	Total	≥65	≥80	Total	≥65	≥80
World	52.96.3	327.6	52.9	6229.3	424.4	67.5	8049.9	705.7	123.9
Developed Countries	1211.1	145.5	31.3	1278.0	172.6	35.5	1387.2	232.8	54.4
Developing Countries	4084.2	182.1	21.6	4590.3	251.8	32.0	6662.7	472.9	69.0

(From: Joshi and Sengupta, 2000: 41)

TABLE 2 INDICATES ON YOUTH AND ELDERLY POPULATIONS

Country	% of total Population Under age	% of male population aged 60+1999	% of female population aged 60+1999	Sex ratio (men per 100 women in the population aged 60+1999)
Australia	21	15	17	83
Bangladesh	36	5	5	103
Bhutan	43	6	7	90
Canada	19	15	18	79
Malaysia	34	6	7	90
Myanmar	29	7	8	87
Nepal	41	6	6	103
Pakistan	42	5	5	99
Saudi Arab	41	4	5	111
Sri Lanka	27	9	10	92
USA	22	14	18	75
U.K.	19	19	23	77

(Source: Statistics Division and Population Division of the United Nations Secretariat. From Nampudakani, 1999:3).

TABLE 3 PERCENTAGE OF THE ELDERLY WHO CONSULTED A HALTH PROFESSIONAL

Category	Age group				Total	
	60-74		75+		Male	Female
	Male	Female	Male	Female		
AUSTRALIAN STUDY						
Doctor	71.9	71.9	74.1	80.8	72.5	74.2
Nurse	3.3	8.7	0.0	7.1	0.1	8.2
Pharmacist	30.3	30.6	42.2	21.7	33.9	28.0
SEARO STUDY						
Doctor	29.3	32.1	28.7	33.7	29.2	32.4
Nurse	3.9	3.8	5.6	5.4	4.2	4.3
Pharmacist	2.3	2.1	2.3	2.8	2.2	2.3

Source: Ageing in South-East Asia – a five country study.

(From: Wibowo, 1999:9)

TABLE 4 AGE GROUP DISTRIBUTION OF MALES AND FEMALES IN THE POPULATION SAMPLE

Age groups (Years)	Males	Females	Total
50 – 55	6	5	11
55 – 60	8	6	14
60 – 65	8	22	30
65 – 70	9	23	32
70 – 75	7	12	19
75 – 80	8	7	15
80 – 85	4	3	7
85 – 90	3	0	3
90 – 95	2	1	1
95 – 100	0	1	1
TOTAL	55 (40.74%)	80 (59.26%)	135 (100.0%)

TABLE 5 INCOME RANGES OF THE AGED

Income range (Rs.)	Males	Females	Total
0 – 500	0	1	1
500 – 1000	3	9	12
1000 – 1500	7	9	16
1500 – 2000	2	7	9
2000 – 2500	6	4	10
2500 – 3000	2	2	4
3500 – 4000	7	4	11
4000 – 4500	0	1	1
5500 – 6000	1	1	2
7000 – 7500	2	1	3
8500 – 9000	0	1	1
10500 – 11000	0	1	1
11500 – 12000	0	1	1
24000	0	1	1
36000	1	0	1
No source of income	23	36	59
Widow Pension	0	1	1
Did not state	1	0	1
Grand Total	55	80	135

Role, status, relationship of the elderly women in family

SOUMITRA BASU

Key words: Elderly Women, Role, Status, Relationship.

Abstract: In social gerontology fewer studies seem to be presented regarding gender issues. Women, particularly the elderly women encounter several disadvantages and hence they often feel maladjusted in their affinal family. The aim of this study is to understand the situation that prevails in an ever-changing urban social-cultural milieu, on the role performance, status achievement and on the nature of relationship between senior members with the elderly women in the family. Two CMC Wards are the venue of study. One is in a northern industrial area and the other is in a south residential locality. The stratified random sampling procedure is used to interview a sample of 180 elderly women. By and large the scope of this study is to find out the status and relationship between the elderly women and the other aged members of the family with regard to work force participation.

INTRODUCTION

In India, the research on elderly dates back to the sixties. In gerontological research particularly in social gerontology elderly females were not considered a subject worthy of serious investigation until recent times (Bali, 1996). Hence few studies are available on gender issues. On the other hand as per 1991 Census, elderly females of 60 years of age and above constitute a major segment within the elderly population. The proportion of elderly female is 6.3 percent. Owing to a longer life expectancy of females in comparison to males (18.5 years at 60 years of age), the latter part of life of the former is often spent as widow. Despite their numerical strength in the population, the elderly females generally face various kinds of discrimination, oppression and exploitation. This attitude is surprising in the context of the central position attributed to these women in the family or in the society. Such backdrop justifies the present study. 'Elderly females' and 'Widowhood' – the two Keynote words are interwoven in such a manner that former follows the latter or vice-versa with age, the possibility of becoming widow increases steadily in the life of a elderly female. In India the religious and social stigma that is still attached to widowhood is so deeply rooted in the indigenous psyche that even talking about widowhood is considered inauspicious (Prakash, 1989). Besides, widows have been identified as a social group with specific needs and problems that are often protracted beyond the

initial period of crisis (Lopata, 1979). Widowhood is often considered as a major event in the life cycle of later years. It induces stress, lower status and affects the quality of life adversely. As ageing sets in, elderly females in later life are generally placed in a disadvantageous position particularly with regard to economic status, family roles, and after care management, social support, companionship in old age etc, though there may be however some exceptions too. However this paper seeks to understand the economic, social and care management that influence self-esteem of the elderly women in family. While doing so, one is aware of the heterogeneity of the population of the elderly females and also immense diversity of their problems namely – living conditions, social inequalities, customs and traditions etc. Though it is difficult to cover the whole gamut of this issue within the short space of this paper, it is expected that this short paper will bring into relief the status and condition of the elderly females in a fast changing metropolitan city like Calcutta.

Objective

Social position is the identity of a person in the social structure in relation to other persons who too have distinct positions. Each position involves the performance of a set of socially specified tasks that define the particular role and carries certain privileges such as power, prestige and security which together may be termed as social status. Thus the position, role and status of an individual is interrelated (De'souza, 1982). Though old age has been characterized as a period when a number of social roles performed by a person declines, it is more pronounced in case of elderly females. Most of these females are subjected to economic and social marginalisation. Once they become less useful, their social position tends to become increasingly marginal. They are viewed as burden instead of being an asset. So with increasing age, there is every likelihood of a decrease in the functional importance of the elderly female within the family which in turn can produce feelings of alienation and marginality. Here, an effort has been made to examine empirically the nature of role performance, status achievement and family relationship of the elderly females within the family system.

Very few studies on the status and role performance of the elderly

females in India are available. These had primarily been done to relate some socio-economic, marital status, income and psychological make up of the elderly females. These studies covered both urban and rural communities (Jamuna, 1992; Jamuna and Ramamurti, 1988; Jamuna et.al 1991; Reddy et.al. 1992; Muthayya, 1995; Sharma and Dak, 1987 etc.).

The present study is mooted to cover some other aspects of status achievement, role performance and consequent family relationship of the elderly females in their families. The variables chosen, though so far unattended, do not however claim to be exhaustive, for the purpose of elderly females' status-role-relationship assessment.

We have however tried to tap the elderly females in situ situation from CMC Ward No. 6 i.e. Chitpur and 88 i.e. Rash Behari Avenue. The former is the oldest settlement in the northern part of Calcutta and the later is situated at the heart of South Calcutta. These two wards are not only important for their locations; but also their close association with the Chitteswari temple (which dates back to the 16th century) and Hindu Sacred place Kalighat, give them another dimension. Beside, we have however not seen any social-gerontological study in these two wards. This has been our purpose for a study of the elderly females of ward 6 and 88.

Population Characteristics

The population of the CMC Ward No. 6 (Chitpur) is heterogeneous. The two communities, Hindu and Muslim, live here side by side though the Hindus are numerically dominant. But the Ward No. 88 is more or less homogenous in nature. Here the Hindus are numerically dominant. Bengali and Hindi speaking populations are common in both the Wards. In two Wards, Bengali speaking population represents several caste groups namely, Brahman, Kayastha, Baidya, Teli, Tili, Napit, Kumar, Kamar, Sankhabanik, Poundrakshatriya etc. Ward 6 is peopled mostly lay migrants whereas Ward. 88 is inhabited by local people from the different parts of West Bengal. In both Wards other than the State of West Bengal, the place of origin of the rest is Bihar, U.P., Orissa, Kerala, Tamilnadu, Rajasthan, M.P., Gujrat. A major section of the population is from Bangladesh.

The distribution of elderly women in two wards are 65 and 115 respectively. The proportion of elderly women into different age-groups are as follows :

Ward No.	Age Group				
	58-60	61-70	71-80	81+	Total
6	10	30	15	10	65
88	11	49	30	25	115

The two wards together have thirty five married women but a high proportion 78.5 percent and 78.3 percent respectively of the aged females are widow. The education among the aged females of two wards suggests that in Ward. 6, sixty percent (39 out of 65) of the elderly females are not literate.

Only 20% of the elderly women are working. In both Wards, majority of the elderly women either stays in nuclear (16.1 percent) or extended (75.3 percent and 61.7 percent respectively) families. However, about eighty nine percent in Ward 6 and eighty three percent in Ward 88 are either partially or fully dependent on family.

The elderly women suffer from permanent disability : vision, locomotion, hearing and loss of memory. They also suffer from major illnesses : artherities, digestive problem, sleeplessness, heart disease. The number of couples among the elderly women in two wards are one and four respectively.

In brief, the socio-demography suggests very high proportion of economic dependence, less participation in workforce. The main source of stress is possibly due to their economic dependence, and also for reasons other than their adverse health condition.

Selection Procedure

The present study is an off-shoot of a bigger project work. The present locations are the two Calcutta Municipal Corporation (CMC) Wards selected for the Ph.D. work of which one is in the northern part and another is in the southern part of the Metropolis. The two wards are characterized by 'bustee' and 'non-bustee' populations. All households where elderly women belonged to were ascertained before listing. A door to door listing reveals that Ward 6 and Ward 88 have a total of 1070 and 1746 elderly women respectively. The cut-off age is 58 years. At this chronological age one who works in an organized sector is generally considered super-annuated (58 years age was cut-off point for retirement at the time of this work). The elderly women have been chosen by Stratified Random Sampling (SRS) method. Each respondent was interviewed with a semi-structured schedule.

Result and Analysis

Source of Livelihood: It is seen that in both wards i.e. 6 and 88 respectively majority of the elderly women (79.4%) are non-earner (Table1, Col. 6&7 together). In ward 6 only thirty percent (Table 1A, Col. 2&3 together) of the elderly women are earning and that too among two lower age brackets. No earner is found at the higher age brackets. Whereas in ward 88, the proportions of earner are not too different among all the age categories. Except at the lowest age category i.e. 58-60 all other respondents are pensioners (See Table 1b, Col. 2, 4, 6, 8).

Dependency Status: In both wards very high proportion of the females are dependent and this generally increases with aging (See Table 2).

Nursing Care: Very high proportion of the elderly females are dissatisfied with nursing care given to them in the families (See Table 3).

Decision-Maker: Very high proportion of the elderly women has no role as decision-maker on family matters (See Table 4). Elderly females play a secondary role of decision-maker for framing family budget in both the wards. Other family members play a vital role as decision-maker in framing family

budget (See Table 5) while the elderly women even on the fringe of old age are not allowed such privilege.

Headship status: In both the wards, very low proportion of elderly females enjoy the status of head of the family. It is about a quarter in ward 88 and in ward 6 the proportion is lower than four percent (See Table 6). In ward 88 the proportion of enjoying head of the family status in the two middle age categories is higher (i.e. 46.1% and 26.9% respectively) than two extreme i.e. young old (58-60) and very old (81+) age categories. The possible reasons are as follows:

Incase of young old – more load of work
Middle age – role in the house making
Very Old age – disability. [see table 6]

From table 8 it is also seen that more than seventy percent (78.5 percent) of the elderly women in both wards, though they are enjoying head of the family status, they are economically dependent (Table 7).

Family headship: More than sixty percent of the elderly women have an unpleasant relationship with the senior family member (other than 'R'). They may be head or not, an uncongenial relationship is very common among the elderly females in both the Wards (see table 8).

Analysis in Brief

From the overall analyses the following salient points emerged:

The nature of workforce participation is very much less in elderly females. Irrespective of age, economic dependency is much higher in aged females. Very high proportion (either one percent) of the aged females does not enjoy the family headship status. Unpleasant relationship is more acute in elderly females.

Observation and Conclusion

From the aforementioned analysis it is found that workforce participation is very low and irrespective of their age, economic dependency is higher. Economic independence plays a vital role for enjoying the family headship position. Amongst the elderly females, economic dependency and absence of head of the family – status and role are higher. The relationship of the elderly women with other senior family members, in brief, does not always depend on headship position.

However, our aim is to suggest how far status achievement and family relationship is dependent on economic roles in a changing urban social-cultural milieu.

In other words our endeavour has been to show a relationship between economic independence and family headship in so far as the elderly women are concerned. In most of the cases, loss of economic independence generally leads to loss of family headship role.

In conclusion, thus we may say that elderly women primarily faces disadvantageous situation with regard to finance, family care and decision. And the situation worsens as old age programmes.

Acknowledgement

The author acknowledges with deep gratitude the valuable suggestions and guidance received from Prof. S.K. Biswas for the successful completion of this study and subsequent presentation of this short paper on this prestigious occasion.

Table. 1 Elderly Women: Source of Livelihood

Elderly Women : Details of Livelihood (Percent)							
Age-Class	Maid Servant	Business	Wage Labour	Pensioner	Domestic chores	Don't work	Total
WARD.6	-	10.0(1)	10.0(1)	-	80.0(8)	-	10
58-60							
61-70	-	6.6(2)	-	3.3(1)	90.0(27)	-	30
71-80	-	-	-	-	93.4(14)	6.6(1)	15
81+	-	-	-	-	50.0(5)	50.0(5)	10
S.T.	-	4.6(3)	1.5(1)	1.5(1)	83.0(54)	9.2(6)	65
WARD.8	9.1(1)	9.1(1)	-	9.1(1)	72.7(8)	-	-
58-60							
61-70	8.2(4)	2.1(1)	-	18.3(9)	69.3(34)	2.1(1)	49
71-80	3.3(1)	3.3(1)	-	20.0(6)	60.0(18)	13.4(4)	30
81+	-	-	-	28.0(7)	40.0(10)	32.0(8)	25
S.T.	5.2(6)	2.6(3)	-	20.0(23)	60.8(70)	11.3(13)	115
Total	3.3(6)	3.3(6)	0.5(1)	13.3(24)	68.9 (124)	10.5(19)	180

1 A) Elderly women: Earners' Age Class

ELDERLY WOMEN : EARNERS' AGE CLASS				
WARD	58 – 60	51 – 70	71 – 80	81 +
6	(n=10) 20.0 (2)	(n=30) 10.0 (3)	(n=15) -	(n=10) -
88	(n=11) 27.3 (3)	(n=49) 28.6 (14)	(n=30) 26.7(8)	(n=25) 28.0

1 B).Elderly women: source of Earning by age class

	58-60		61 – 70		71 – 80		81+	
WARD	Pension	Other	Pension	Other	Pension	Other	Pension	Other
6	-	100.0 (2)	33.3 (1)	66.7(2)	-	-	-	-
88	33.3 (1)	66.7(20)	64.3 (9)	35.7(5)	75.0 (6)	25.0 (2)	100.0 (7)	-

Table 2 Elderly women economic status

Economics status	Age-Class by Ever Dissatisfaction With Care given (Percent)				
WARD. 6	58 – 60	61 – 70	71 – 80	81+	TOTAL
Not dependent	40.0 (4)	10.0 (3)	-	-	10.7 (7)
Dependent	60.0 (6)	90.0 (27)	100.0 (15)	100.0 (10)	89.3 (58)
Total	100.0 (10)	100.0 (30)	100.0 (15)	100.0 (10)	100.0 (65)
WARD. 88					
Not Dependent	18.2 (2)	28.6 (14)	6.6 (2)	4.0 (1)	16.5 (19)
Dependent	81.8 (9)	71.4 (35)	93.4 (28)	96.0 (24)	83.5 (96)
Total	100.0 (11)	100.0 (49)	100.0 (30)	100.0 (25)	100.0 (115)

Table. 3 Elderly women: Nursing care during illness

Ward	Age-Class by Ever Dissatisfaction with care given (Percent)				Total
	58 – 60	61 – 70	71 – 80	81 +	
6	(n=10) 40.0 (4)	(n=30) 56.7 (17)	(n=15) 66.7 (10)	(n=10) 50.0 (5)	36/
88	(n=11) 54.5 (6)	(n=49) 57.1 (28)	(n=30) 53.3 (16)	(n=25) 52.0 (13)	63/

Table 4 Elderly women: Decision maker on family matters (percent)

Ward	Age-Class by Ever No Role As Decision Taker (Family Matter)				Total
	58 – 60	61 – 70	71 – 80	81+	
6	(n=10) 20.0 (2)	(n=27) 44.5 (12)	(n=15) 73.3 (11)	(n=9) 77.8 (7)	32/6
88	(n=10) 50.0 (5)	(n=41) 39.0 (16)	(n=27) 77.8 (21)	(n=19) 84.2 (16)	58/9

* Rest of the 'R' = Single

Table 5. Elderly Women : Decision Maker On Family Budget

Ward & Decision Taker(Family Budget)	Elderly Women : Age-Class (Percent)			
	(n=10)	(n=27)	(n=15)	(n=9)
Ward 6	58 – 60	61 – 70	71 - 80	81+
Self	-	-	-	-
Self with Others	20.0 (2)	33.3 (9)	33.3 (5)	11.1 (1)
Others	80.0 (8)	66.7 (18)	66.7 (10)	88.9 (8)
Ward 88	(n=10)	(n=41)	(n=27)	(n=19)
Self	20.0 (2)	2.4 (1)	-	-
Self with others	20.0 (2)	34.1 (14)	14.8 (4)	26.3 (5)
Others	60.0 (6)	63.4 (26)	85.2 (23)	73.7 (14)

Table 6. Elderly women : Social Status (Headship)
(Percent)

Ward	Age-Class of the Elderly Women As Head				Total
	58-60	61-70	71-80	81+	
6	-	50.0(1)	50.0(1)	-	2/61*
88	11.5(3)	46.1(12)	26.9(7)	15.3(4)	26/97*

*Rest of 'R' = Single

Table 7 Elderly women: Economic & Headship status

Age-Class of the Head and Ward	Elderly Women : Dependency (Percent)		Total
WARD 6	Not Dependent	Dependent	
58 – 60	-	-	-
61 – 70	-	1	1
71 – 80	-	1	1
81+	-	-	-
S.T.	-	100.0 (2)	2/61*
WARD 88			
58 – 60	33.3 (1)	66.7 (2)	3
61 – 70	41.7 (5)	58.3 (7)	12
71 – 80	-	100.0 (7)	7
81+	-	100.0 (4)	4
S.T.	23.0 (6)	77.0 (20)	26/97*
Total	21.5 (6)	78.5 (22)	28/158

*Rest of the 'R' = Single

Table 8 Elderly women: Nature of family adjustment (percent)

Ward & Age-Class	Respondent's Social Status (Headship) & Relationship with the Senior most Member (other than 'R') in the Family					
	Social Status					
WARD 6	Head			Not Head		
	Pleasant	Not pleasant	Total	Pleasant	Not Pleasant	Total
58 – 60	-	-	-	70.0 (7)	30.0 (3)	10
61 – 70	-	(1)	1	34.6 (9)	65.4 (17)	26
71 – 80	-	(1)	1	35.7 (5)	64.3 (9)	14
81+	-	-	-	44.4 (4)	55.6 (5)	9
S.T.	-	100.0 (2)	2	42.4 (25)	57.6 (34)	59
WARD 88						
58 – 60	-	100.0 (3)	3	28.6 (2)	71.4 (5)	7
61 – 70	50.0 (6)	50.0 (6)	12	44.8 (13)	55.2 (16)	29
71 – 80	57.2 (4)	42.8 93)	7	20.0 (4)	80.0 (16)	20
81+	50.0 (2)	50.0 (2)	4	26.7 (4)	73.3 (11)	15
S.T.	46.1 (12)	53.9 (14)	26	32.4 (23)	67.6 (48)	71
TOTAL	42.8 (12)	57.2 (16)	28	36.9 (48)	63.1 (82)	130

*Rest of the 'R' = Single

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Aged in India: Some Issues

D. TYAGI

Abstract : The rise in the standard of living due to socio-economic development and medical progress have given rise to the increase in the number and proportion of the aged. This paper discusses some issues which involves 'aged'. Towards the end author suggests some measures which can be taken to mitigate the miseries of the aged and make way for the improvement of quality of life. The planning should consider cultural ethos and economic situations of the people and the area.

The rise in the standards of living, which became possible due to socio-economic development and medical progress, has given rise to the increase in the number and proportion of aged, especially in the developing countries. We are witnessing a rapid increase in the number of aged for last two decades. At present the words 'aged', 'old', 'elderly', 'senile', 'senior citizens' are used synonymly, but the word should be used in proper context, as each word has its own meaning, but in broader sense they convey one meaning only. Who are aged is the main question. According to Chambers 20th Century dictionary, ageing is the process of growing old or developing qualities of the old, maturing and aged organism. Whereas old is advanced in year having been old or relatively long in existence. Senile is a characteristic of an old age. Thus for a lay man, aged is a person who has lived longer thereby suggesting a relative phenomenon. But for utility in real life we have to take a particular age as the beginning of old age or aged.

The review of literature reveals that there are mainly three to four basic approaches which have been utilized for categorization of aged (Subha Rao, 1987). These approaches are physiological, psychological, socio-cultural and economic etc. According to Gray and Moberg (1962) "Physiologically a person is old when the signs of wearing out of the body appears. There is no one age when all physical functions of a given individual begin to show a decline. Deterioration of various parts of the body proceeds at different rates and is generally so slow that it cannot be measured accurately at weekly, monthly or even annual intervals. Except for certain limited purpose it is therefore not yet practicable to use physical criteria as the basis for determining where or not an individual is old." Somewhat similar views are expressed by many researchers.

For example Harrell (1969) writes that "no biological parameter has been detected which will clearly indicate when an individual person has become old."

Another basis of 'aged' is psychological. It has been demonstrated that most of the man's life activities and manifestations have psychological base. Psychologists take various mental abilities, such as memory, intelligence, changing emotional reactions and attitude etc. as base for demarcating aged. But "it is not feasible at present to use psychological criteria as a practical basis for determining who is old because the problems of measurements have not yet been surmounted" (Gray and Moberg, 1962). According to socio-cultural view point, a person is termed aged when he/she distances himself/herself from those roles and statuses which he was performing as an adult. During this period he becomes disengaged from his normal adult roles such withering away from the family roles and constricting the community of friends etc. Wessan (1969) brings home the point that it is the occupation he indulges in or the socio-occupational activities he pursues that will determine the oldness.

The chronological age is a very good criteria for demarcating 'aged' and gerontologists are using this to delineate the 'aged'. Though the effect of age on different individuals may vary but most of the positions in the society are filled on a particular (chronological) age. For example in government service a person will retire on a particular (chronological) age. A person's physiological, psychological, socio-cultural age is linked to his/her chronological age, but not always.

The 'old' or 'aged' is a relative term and generally used in relation to young. It is really very difficult to draw a dividing line uniformly for all communities. There are no definite biological or psychological or socio-cultural parameters which individually or collectively can demarcate the particular chronological age uniformly. Being a relative criteria, it will differ from species to species, as the life expectancy, longevity and life span also differ. Even it may vary within the species. The concept of aged in man varies with within the species. The concept of aged in man varies with purpose and view point and also with sex, residence, climate etc. The concept will also depend upon people's view point. Even it is conceived differently by old and non-old (mature/adult

young). The old people look upon old age as a stage characterized by economic insecurity, poor health, loneliness, resistance to age and failing physiological and mental power.

My empirical study among the Bengalis of Calcutta reveals that the old age starts at different chronological age for people involved in different occupational professions. For example, people (both sexes) in the State and the Central Government retires at 58 and 60 years of age respectively. A Professor in University retires at 60 or 62 years of age and many continue upto 65 years of age. People in private employment, generally, retire after 65 years of age or later. The people in business retires, whenever they wish (no age limit). "In summary it is suggested that uniform cut off age (say 60 years) should be adopted for the better, useable and comparable data for planning" (Tyagi, 1996).

The 'aged' population in India is increasing on a faster rate and may increase from 6% to 14% by 2025. The population explosion during post-independence period would certainly increase the number of aged in coming years. The relative share of the aged population in India is now nearly seven percent, which is not alarming but in absolute terms a population of well over by 6 million of old people (60 and over) needs especial attention. The increase in 'aged' will necessitate fundamental adjustment in socio-cultural and economic (occupation) aspects.

Generally the people in old age face multiple problems including those arising due to ageing. The problems can be physical, mental, economical, occupational, interpersonal etc. A researcher has divided the problem of aged into national, special (community and family) and personal (psychological, socio-economic and physical). Due to paucity of time, I will discuss the personal problems of aged. Let me submit that the ageing should be a problem of each and everyone as one day every body is bound to be aged and bear the burnt of ageing. The old age problems are not only the socio-cultural, economic and psychological problems but they also include health and medicare of the aged. The problems of the aged can be broadly categorised under these categories:

(a) Socio-psychological problems
(b) Economic problems
(c) Nutritional and health problems or physical problems

It is difficult to be community or area specific in respect to problems of aged, as we do not have enough data from various ethnic groups and areas. But here we will leave the specificities and confine to generalities. The problems of aged are often multiple and most of them are mostly socio-psychological in nature. Though the systematic study on psychological manifestations and various factors of ageing is relatively new in India, but this aspect has been covered more than other factors. The psychologically of ageing focuses on the study of behavioural, attitudinal, emotional and similar other characteristics of the aged. The psychological ageing is also associated with impairment of intellectual functioning, difficulty in adjustment with change, decrease or slow in learning process, decrease in self confidence and motivation, rigid/unflexable attitude, increase in anxiety and change in attitude etc. The socio-cultural norms/values do influence aged. In some society a woman is considered aged, when her eldest son gets married. In other words, when in younger generation couple starts forming parental generation, they feel aged. However, this does not affect the parents but bring changes specially in the status and role of woman. The embarkment of second generation does not create much problem but it starts with the emergence of third generation and their coming of age. The first and foremost problem is adjustment. The various researches revealed that elder women and men suffer from rolelessness, powerlessness and depression along with the fear of insecurity. During this period (aged), people suffer from such psychological trauma – death of a near and dear ones, fear of death, conflict within younger generation etc. This becomes more severe, if an aged is suffering from some chronic disease because he/she goes through a series of emotional reactions like shock, anger, dependency, depression and dejection etc. which spreads weeks and months before he/she finally accepts the inevitable. It has been observed that motivation in general appears to decrease in old age because of decreased energy and poorer arousal mechanism. The loss of memory and confidence, mental deficiency, depressive state etc. are other factors which add to the misery of the aged. A comparative study of aged and middle aged men revealed that aged had scored significantly higher on somatic anxiety, psychic anxiety, muscular tension, suspicion, inhibition of aggression and psychosthenia as compared to middle age counterparts. On the basis of his study in Bihar, Biswas (1987) stated that family intervention for the needs of aged is culture specific. His study revealed that elderly men compared to women in rural as well as in urban areas are more satisfied both with the food and

shelter provided to them by their family. In the villages more men are dissatisfied with the food while more women are dissatisfied with the food, care and accommodation provided to them by the family. The difference in the opinion of rural elderly men and women could possibly by attributed to age - old male domination and female deprivation. The deprivation in terms of reduced income, status, authority, usefulness to members and social engagements leads to considerable unhappiness among widows/widowers.

The aged widows are the worst sufferer in their old age, mainly due to various socio-economic and psychological factors (Tyagi, 1997). For example, in West Bengal the Hindu widows not only are debarred from many social activities but also restricted to control food habits. This leads to loneliness. Some evidence show that life satisfaction is negatively related to loneliness among the aged. The loneliness and social interaction are considered to be crucial factors in terms of the elderly persons. It is rightly said that a satisfying husband-wife relationship is an important variable that contribute to happiness in old age. The psychological feeling that people's attitude gets change after the retirement of the person (aged) starts the beginning of many problems. The rural urban dichotomy reveals that elderly in rural areas have easy access to support system because of lower pace of life and as their life style center around the community. The interaction and dependence on the elderly for advice and guidance is more in case of rural areas than urban areas. This may be due to the breaking up of joint family system and the authority of aged in the urban areas. The traditional system of values and norms are in transition and getting sharp different between generations. Jamuna and others (1996) have shown that the elder widows are identified as a special concern group in view of their increasing number and dependency and they are doubly marginalized due to combined effects of ageing and widowhood.

A cursory analysis of available data on the Indian aged reveals two areas of major worries of elderly – (1) social strain and (2) economic dependency. The economy plays a greater role on ageing. The reduced income and economic depression affect the aged as it is observed that it acts as an important determinant of social participation in old age. In rural areas which is predominantly an agrarian society, the work responsibility of aged decreases, but she/he continues to have control over production as the land remain in his/her name. Due to this control she/he enjoys a better care, status and position. But in

practice women are at the receiving end more than their men. The situation in urban areas is slightly different. Here people can be classified into three different groups (1) those who have retired without pension, (2) those who have retired with pension, (3) those who continue to work i.e. mostly in business. A review points out that the last category people are least affected followed by second category, perhaps due to their being economically well off. Upadhyay (1994) remarked that the rural economic problems provide a different scene from that of urban elderly. As the large percentage of elderly in rural setting is economically active due to their engagement in traditional agriculture economy, their authority is well established through joint family system. It was noticed that among the aged workers are more relatively than those in generally population. The reasons for this may be industrialization and migration of the family workers from rural to urban areas. At the same time in many non-agricultural activities with modern system, old could not find a place because, rhaps, they are ill equipped and could not adopt to changes due to industrialization. Now in some cases the aged head of the family face non-cooperation in agricultural work from younger people of family (both educated and uneducated), which affects production. The migration of youth to urban areas increases the vulnerability of the old, specially for those who stay behind and do not have independent production assets and are dependent primarily on their labour.

The 'aged' requires different kind of medicare than the children and adult. The disease is the chief barrier to well health and longevity in older people. Some diseases may show different signs in old age. Pally (1967) opined that one fifth elderly patients with heart attack exhibited no pain. There are many human organs, which show a gradual decline in function over time. The kidney filteration efficiency, skeletal muscle strength etc. decreases and sleeping functions are disturbed (Cunnigham and Brookband 1988: 106). The main disorder which are more common in old age are blood pressure, hypertension, heart disease, prolonged cough problem, diabetes, vision and hearing deficiency, arthrities, goat, decreased sleep and declining memory etc. The ageing affects the various systems of the body – such as cardio-vascular system, respiratory system, nervous system, skeletal system, digestion system etc. It is true that maladies (disorders) occur in all phases of life, but assume a significant posture during old age. We should suggest for creating a sub-discipline-Geriatrics in our hospitals and advocate for training to the medical professionals for providing

geriatric services in India. I have pointed out elsewhere also that the separate health care scheme for aged is essential, which will not only check premature ageing, but will help in keeping them active and improve their participation in the community and will add to the human resource for development. The most important part of any geriatrics is to keep old people healthy instead of treating them when they are ill (Anderson 1978:783). Therefore, providing health to all is a good step in right direction because when today's youth reaches to 'agehood' we have to keep himself/herself in good condition to minimize the effect of ageing. To provide good medicare to aged should also be our responsibility because we are enjoying the fruits of their efforts in young age (Tyagi 1993). The need of the hour is to activate them (aged) so that they meet their own needs and for which community should help them so that they may be a resource to the community towards promoting national growth and development.

Recently Government of India has brought out the National Policy on older persons. "The National Policy seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored or marginalized" (Govt. of India 1999). Article 41 of Indian Constitution has directed that the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance for aged people. According to the National Policy the principal areas of intervention and action strategies are financial security, health care and nutrition, shelter, education, welfare and protection of life and property. The National Policy has been formulated. Now we have to see how various States provide necessary measures to mitigate the sufferings of the aged. In fact, for all practical purposes, the States are the main body for the welfare of the aged. The last agenda of National Policy is "In order to ensure effective implementation of the policy at different levels, from time to time the helps of experts of public administration shall be taken to prepare the details of the organizational set up for the implementation, coordination and monitoring of the policy" (Ibid). Beside, the following measures should be discussed (with experts and people involved in aged welfare) for somewhat similar strategy for adoption, but the policy planning should be *eco-economic and socio-cultural specific* for its effective implementation.

I suggest the following measures for the care of aged:

(1) The society should be made aware of the problems of the aged for proper care and to keep the old traditional attitude of the people towards aged. State, society and other agencies are required to play more active role in the changing situation.

(2) Along with this, institutional care may also be promoted.

(3) It is advisable that traditional joint family system and social values should be kept as it is for the welfare of the aged. However, if any new change in the family system emerges which can take care of elderly persons, we should try to develop it.

(4) The special medicare should be provided to the aged. It is advisable to popularize preventive geriatrics and provide integrated health care to these people.

(5) The geriatric care should not be only through allopathy, but other systems such as Homeopathy, Ayurveda etc. should also form a part of geriatric care.

(6) Special attention should be given to the elderly women and the widows, specially due to their socio-economic constraints.

(7) However, there is an urgent need to fully understand and get information of the Indian aged, especially women, for the proper policy formulation.

(8) For the proper care of aged and utilization of their vast experience and knowledge, it is necessary to formulate policies and plan keeping in view of the cultural ethos and economic situations of the people and area.

(9) The aged women need special attention because their suffering is much more than their counterparts, perhaps due to their dependency. There should be specific welfare measures for aged women.

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The Aged in Today's World

MANIDIPA DUTTAGUPTA

Key words: Generation, old age, geriatric medicine.

Abstract : Geriatric Medicine is a branch, which deals with biological as well as mental ageing suffered by an individual but it is more concerned with the socio-economic circum stances and mental blockage faced by aged person.

The earlier joint families are at present breaking down into nuclear families where the 1st generation find themselves isolated and insecure about their self-existance and a feeling of loneliness creeps into their minds.

The 3rd generation i.e. the grandchildren hardly get any chance of interaction with their grandparents. Therefore, the age-old tradition of listening stories from the grand parents through which the ethos and moral values of any country were imparted is slowly fading out.

Today's world has been ripped by many problems among which the difficulties faced by aged people are one of the main concerns. Ageing is a very natural, inevitable process as we can say that human organism is just like a machine, which though very complex and durable suffers similar fate of complete cessation of functioning by developing faults and wearing out gradually.

THE GLOBAL INTROSPECTION

The branch of science dealing with ageing is called Gerontology. This deals with biological as well as mental ageing suffered by an individual. While looking at the studies in the global perspective one finds Professor George Myre's statement in "International perspective on Ageing; Population and policy" that the number of old people in the developing countries will increase by 77% compared to 30% in developed nations by the year 2000 [cited by Mukherjee, 1985]. Janet Z. Giele analyses the changing relations of the family to the situation of the elderly through four approaches.

- Modernization and the democratic challenge
- World revolution in family pattern

- Policies and programs for the aged
- Similar or alternative paths of development [cited by Mukherjee, 1985]

Modernization is the cause behind greater longevity to the old demanding greater care from the family, which the family fails to satisfy due to small size. On the other hand, the social structure of Japan has not been affected by its economic and industrial performance. Their cultures educate the young to support and respect the elders. The government strengthens the teaching by sponsoring "Honour the Elders" holiday so that the aged should be taken proper care of. Even in some industrial countries like USA, the aged want intimacy, love and warmth from their children though they have an arrangement of getting pensions.

Now the overall problem of the aged is discussed under the following heads:

- Biological
- Social
- Psychological
- Remedial suggestions

Biological Problems

The most common physical problems faced by aged people are failing of sight and hearing, heart ailments, diabetes and arthritis. In the eye, presbyopia develops causing failure of sight which is one of the most characteristic functional age changes of the body. Bones of the body lightens, become porous and lose some elasticity with age leading to arthritis. The musculature of ageing people shows progressive weakness and hence the movements become slower and less easy to perform. Nervous system gets affected with a steady "outfall" of neurons. A very common symptom like memory loss is frequent among most. Due to ageing, thoracic cage suffers from loss of elasticity and there is an alteration

in the shape and capacity of the whole chest resulting from postural changes. Either process reduces the ventilatory capacity. So, increasing breathlessness is another common consequence of increasing age. Problems of kidneys, urinary tract, prostate glands and changes in ovaries are quite well known.

The health problem has aggravated in poverty-stricken developing countries where nourishment and proper treatment are out of the reach of mass. For example, in India, the aged of the poor rural areas do not get modern medical facilities, good doctors and hospitals, creating a big problem day by day.

Social Problems

The scenario of the structure of the society has experienced a tremendous change in the last 60-70 years. The number of children born has decreased due to birth control and as a result, the earlier large families are breaking down into smaller units. On the other hand, the longevity of the aged people has increased significantly, leading to a disproportionately high ratio of the aged in comparison to that of young. This is definitely exerting a pressure on the society.

Agriculture was the most common occupation of the traditional India where the experiences of the aged were very much treasured. They used to hold a very high status and the property was in the name of the head of the family till death. But industrialization and urbanization has struck at the root of the traditional village society. People are shifting from rural habitation to urban life where they pursue careers other than agriculture and in this process the aged people lose the utility and recognition of their experience. So, their social security is at stake. Women in traditional India also used to gain prestige and recognition along with their husbands. Women generally have longer longevity than men. So, majority of them lose their husbands and the condition for aged widows becomes much critical. The age-old conflict between the mother-in-law and the daughter-in-law shakes the mere existence of the widow. Well, in this respect one can say that men are luckier for they at least get the support and care of their wives. Anyway, it is very clear that in the present world, genere of the aged find them isolated and feel a sense of burden on their respective wards.

On the other hand, the children are now passing through highly competitive and stressed conditions surrounding them. In the critical economic stage, both men and women are going out to work, striving for a better future and as such, the aged are left at home feeling ignored.

As industrialization has shattered the age-old values, many children consider their parents as liabilities and try to shun their responsibilities. Apart from this, todays children are sometimes bound to live at a distance from their parents due to their occupational placements. Sometimes the aged also cannot adjust with the changing values of todays world and plunge into conflicts with their wards. This leads to physical as well as emotional detachment.

The third generation that is the grandchildren is so engrossed in studies that they hardly get any change of interaction with their grandparents. Again, if they are brought up in distant places there is always language and mental barriers with grandparents, resisting them from interaction. This has created a serious problem for socialization of the newly born child. The age old tradition of listening to stories from the grandparents through which a fascinating world would open up in front of the child, is slowly fading out thus disenabling the child in gathering knowledge of the ethos and moral values of any country. The stressed children of today are becoming very self centered and losing care and respect towards others emotions. This is obviously creating an imbalance in the society.

Due to all these problems, more and more aged people are landing up at old age homes with the feeling of being forlorn and neglected. They become insecure about their self-existence with loneliness creeping into their minds. Loss of conjugal partner, friends and other associates add to the misery. Though living separately in homes is quite an old phenomenon in developed countries, but at present, that has also been found to be a failure as they miss the love and warmth of their own relatives. The government in these countries has old age pension schemes but this cannot fulfill the emotional void. In Asiatic countries, for example in India, the people are less individualistic so old age homes cannot be a proper solution here. Special medical facilities can be given to the aged and psychologically they should be properly counseled. It would be made very clear to them that aging is a natural process and does not mean the end of

everything. Death is the ultimate truth ensuing complete rest and the paranoia surrounding it should be rejected.

"Old is gold", as goes the saying, so the new millennium should be an era of transcreation where we should respect the old along with a proportionate amalgamation of today's announcement.

This paper has been composed with hope that it has managed to highlight the problem and draw the attention of today's generation who should pioneer in working with government and welfare organizations to pave the way for better living for the aged in today's world.

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Age Related Macular Degeneration (ARMD) - A Major Problem of the Senior citizens of this date

SUDIP DATTA BANIK

Abstract: Senile or Age Related Macular Degeneration (SMD or ARMD) one of the major problems of the senior citizens of this date in India and other parts of the world. In this article, author tried to summarize the signs and symptoms, etiology, and prognosis along with the Ophthalmological and optometric diagnosis, treatment and management of ARMD. Current research trends and reports on ARMD cases, its complications, prevalence rates and causative associations with different environmental factors etc. from different countries were also discussed. At the end, author raised an appeal to the scientists, therapists and clinicians of different disciplines to launch a joint venture to combat the handicaps of ARMD in India.

INTRODUCTION

Normal changes in the lens, retina and vitreous accompany ageing but loss of vision in late life is not an inevitable consequence of ageing. Cataract, glaucoma, diabetic retinopathy and ARMD account for most vision less in older population. Visual impairment reduces older patients' ability to function independently and increases their risk of depression and of injury due to falls. When older persons have a visual complaint, they tend to blame it on being old and do not tell their physicians. ARMD is a bilateral disease, the average age of visual loss in the first eye being 65 years, with about a 12% incidence of involvement of the second eye each year. About 60% of patients are therefore legally blind in both eyes by the time they reach their 70^{th} birthday.

In our country, there has been a dramatic increase in the number of patients suffering from ARMD, heredomacular degeneration and diabetic retinopathy in last two decades. The changing prevalence of low vision at different ages and its distinct causes that are common in each group are as follows (Shah, H.M., 1997) –

Age Groups	Most common causes	No. of partially Sighted patients	%
0 – 15	Congenital anomalies (including cataract) Optic Atrophy, Hereditary Macular and retinal Dystrophies, Albinism	23340	2.7
16 – 50	Pathological myopia Macular degeneration And retinal dystrophies Optic Atrophy Retinitis Pigmentosa	116844	13.7
51 – 74	ARMD Diabetic Retinopathy Macular aplasia, macular hole.	207312	24.3
75-84 & 85+	ARMD Coloboma of retina Choroid senile cataract ARMD, cataract, glaucoma	505824	59.3
	Total	853320	100.00

DEFINITION

Macular degeneration that occurs in aged persons (55 yrs. +) and caused by macular as well as retinal pigment epithelial (RPE) atrophy due to obliterative sclerosis of subjacent chorio-capillaries and associated degeneration of cells in outer nuclear layer, rods and cones along with choroidal or subretinal

neovascularisation (CNVM or SRNVM) in Bruch's Membrane, detachment of RPE, exudation, lesions like drusen, haemorrhages and resulting in a loss of foveal reflex and central vision (scotoma), leading to gradual bilateral loss of vision may be termed as senile or Age-Related Macular Degeneration (SMD or ARMD).

Classification, Clinical Presentation, Etiology and Association of ARMD

A) Optometric and Ophthalmological :

From clinical point of view, different forms of ARMD can broadly be classified into two groups or categories –

i) Non-Exudative or Atrophic ARMD (Dry Form)
ii) Exudative or Neovascular ARMD (Wet Form)

i) Non-Exudative ARMD:

a) Type :
   1. Most common type of ARMD (80%).
   2. Mild to moderate impairment of vision.

b) Signs and symptoms:
   1. Difficulty in driving at night.
   2. Difficulty in recognising faces.

c) Etiology :
   1. Slow and progressive – geographic (macular) and non-geographic (extra macular) atrophy of RPE.
   2. Association with varying degree of chorio-capillaries.
   3. Drusen or colloid bodies.
   4. Loss of foveal reflex.

In this type, macular areas are studded with yellowish dots or flat muddy yellow patches conglomerate to form a drusen or colloid lesions.

Drusen may histologically and clinically identified as –
   1. hard or nodular yellowish white,

2. soft type with indistinct edges,
3. diffuse

and 4. calcified

Prevalence of the calcified drusen is 18% in-patients over 65 years of age and 23% in-patients over 75 years of age (Gothwal, 1997).

Penfold, P.L. (1997) of the University of Sydney, Australia investigated antigenic and morphogenic features of microglial and vascular elements in the neural retina associated with ARMD and also compared them with those in age-matched normal and young adult retinas. Results showed that,

1. A significant increase in the proportion of the retina in the percentage of area immunoreactivity for MHC II (Major Histo-compatibility Complex, Class II), primarily on vascular elements.
2. The above feature was associated with irregularities in the organisation of the astrocytes.
3. Hypertrophy of retinal microglia was also apparent.
4. These degenerations were also associated with pathogenetic changes in RPE pigmentation and drusen formation.

ii) Exudative ARMD:

a) Signs and symptoms:
   1. More acute onset with blurred and distorted near vision.
   2. Grey-green or pinkish-yellow membrane surrounded by altered RPE pigment ring.

b) Etiology:
   1. Choroida or sub-retinal neovascular membrane (CNVM or SRNVM) – choroidal new vessels growing through Bruch's membrane.
   2. RPE detachment is the cause of exudation.
   3. Intra-retinal or sub-retinal haemorrhage is one of the important indications of this type.
   4. Loss of central vision (scotoma).

Yuzawa, M in 1997carried out an epidemiological survey of this type of ARMD in Tokyo, Japan. The number of all such patients in the Ophthalmology Departments throughout Japan was estimated to be about 144000. This number was estimated to have become doubled over six-year period since the initial survey in 1987. In Japan, recently the number of people visiting the Ophthalmology Departments due to Exudative ARMD is 53 males and 20 females per 100,000 population aged 50 years or over. The percentage of patients with bilateral disease increased with age and accounted for nearly 50% of those aged of 80 years or over.

B) Genetic:

Exact mode of inheritance pattern of ARMD itself or even any other genetical etiology or association is not yet known to us since no such research work has been found in updated world-wide review. However, Jomary, C in London, UK, 1997 suggested that tissue inhibitor of metalloproteinases – 3 (TIMP-3) is one the family of genes whose products are implicated in the regulation of remodelling of the extracellular matrix. Mutations in the RNA coding for TIMP-3 are associated with photoreceptor degenerative disease, Simplex Retinitis Pigmentosa (RP) and an inherited form of macular dystrophy involving ABCR allele.

An amalgamated Genetic as well as Optometric research findings undertaken by Mukherjee, DP, Datta Banik, S. and others in 1997, among the Oculocutaneous Albino subjects helped in drawing a proposition that in two (type I and II) out of all its genetical types (Witkop, CJ 1994), the degenerated macular function, irrespective of age and sex, was associated with depigmented and transilluminated irides, producing brilliant red reflex against pigmentless fundus, subnormal visual acuity and dysfunctional binocular vision. Severity of nystagmus, Jerky and pendular, photophobia and variable amount of strabismus (mostly divergent or EXO) – which are the principal characteristic features conforming this particular congenital trait (genes have been mapped for type I/ty-neg type on chr. 11 q14 – q21 and for type II/ ty-postype on 15 q11.2 – q12 – Aquaron, 1993 and Kedda, MA 1994 respective) reduce gradually with increasing age, which may be a point for further research. Optometric tests (Datta Banik, S. 1998) displayed that the clinical signs and symptoms of ARMD

in true sense, appear among the OCA subjects of all age groups or at least some. Variations in degree of differentiation on these characters between individual as well as family as recorded also raise a need for further research. Among the older patients (55 yrs.+), belonging to both type I and II groups, binocular functions, e.g. Simultaneous Macular Perception (SMP), fusion and stereopsis were also found to be subnormal along with the other clinical symptoms of ARMD. Retinal pictures as examined by fundus findings of direct Ophthalmoscopy, were found to coincide with classical sings of separation of retinal and choroidal vessels and macular hypoplasia. Photosensitivity was marked in each of the albino groups. Using red-free light, it was found in all cases that yellow spot were not represented and thus degenerated macular function along with other neuromuscular functions were evident in those cases. The profound loss of field of vision-bitemporal hemianopia recorded in most of the cases of OCA I (ty-neg) indicate their abnormality in optic nerve decussation in brain – the anatomical problem which may be the one of the chief causes for nystagmus, apart from their low visual acuity, in general. Continuous stress and strain in viewing various objects alongwith severe photophobia perhaps the main cause leading to loss of accommodative power by crystalline lens leading to their eyes become highly myopic or hyperopic and occasional detachment of RPE etc. It may be mentioned that type I/ty-neg OCAs are affected in all respect than those belonging to the ty-pos/type II group. Sex wise variations, specially the males are more optically handicapped with severely degenerated macular perception than females, irrespective of genetical types and even at the sibship level, is an important finding which also leaves a great scope for further thorough investigation and verification.

c) Histological, Developmental and Environmental Factors in ARMD:

Basic Fibroblast Growth Factor (bFGF) is a putative survival factor for photoreceptors. In normal human retinal macula, the percentage of bFGF-reactive rods are very low (approx. 0.5%) but it increased in a central to peripheral gradient, accounting upto approximately 88% of the rods in the far periphery. The absence of bFGF in cones and the low number of bFGF-positive rods in the macula may correlate with the vulnerability of these cells in RP, ARMD and other retinal diseases (Li-Zy, Chang, TH and Milam, AH, USA, 1997 and Frank, RN and Amin, RH, 1996).

In their separate studies, Seddon, Jm et.al. of USA, Christen, WG et.al. from Boston, USA and Vingerling, JR from Netherlands reported in 1996, a dose-response relationship between smoking and ARMD, particularly in persons with the neovascular form of the disease among the persons of 55 years and older.

In an another study, Smith, W and Mitchell, P in Australia (1996) tried to assess the association between alcohol intake and age-related maculopathy. In a population-based study of 3654 aged subjects, they did not find any significant association between consumption of spirits and ARMD.

Diagnosis, Treatment and Management in Armed

A model of entire management programme for ARMD and other eye diseases in the elderly has been shown by HO, T et.al. in Singapore in 1997. The study was conducted to determine the prevalence rates of blindness and visual impairment among those of aged 60 years and above in Singapore and to determine the pick up rate of undiagnosed eye diseases through an active screening programme. A random frame of 3000 elderly persons aged 60 years and above was obtained from the Ministry of Home Affairs in Singapore. They were invited by mail. For each respondent, autorefraction, tonometry, retinal photography and visual field analyses were done by the specialists. Results of that venture showed that 574 subjects attended the screening, giving a response rate of 22.2%. The prevalence rates for blindness and visual impairment in the elderly screened were 3.0% and 15.2% respectively. The prevalence rates for cataract, ARMD, glaucoma and diabetic retinopathy were 78.6%, 27.0%, 5.7% and 5.1% respectively. They came to the conclusion that almost 1 in 5 of the elderly screened had some degree of visual disability.

In this context, restoration and improvement of workable vision is the only goal to achieve, as considered by the specialists – both the Optometrists as well as the Ophthalmologists. Management procedures for prevention of further degeneration should be undertaken by the specialists with their joint effort because neither the Ophthalmological nor the Optometric methods of treatment is separately enough to combat the ARMD. However, some of the

available techniques from both the disciplines are discussed below alongwith a few references.

A) Ophthalmological:

i) Many references from different corners of the world suggested that (Bischoff, P and Speiser, P of Germany – 1997; Atmaca et.al. from Switzerland; Piguet et.al. of Germany and Guyer, DR of USA – all in1996) angiography with fluorescein (FFA) and indocyanine green (ICG) respectively is a proven diagnostic tool which enables to diagnose the disease's different forms. In exudative ARMD with suspected choroidal neovascularisation (CNV) and/or RPE detachment, angiography is essentially indicated very early in order to find a treatable lesion.

ii) However, the clinical management of choroidal/subfoveal neovascularisation (CNV) in ARMD remains controversial. Large multicentre clinical trials recommend laser Photocoagulation for certain subfoveal membranes but many Ophthalmologists are reluctant to treat patients with such lesions because a substantial initial visual loss may be induced by the treatment itself.

iii) In ARMD, Scanning Laser Ophthalmoscope (SLO) fundus perimetry has now become an essential tool to assess the centre of fixation before laser photocoagulation of well-defined juxtafoveal or extrafoveal choroidal neovascularisation. It is also useful to predict the visual function (Rohrschhneider, 1997).

iv) Neurotropic vitamins B1, B6, B12 parenterally can be used with oral A and E and antioxidants. Richer, S from Chicago, USA and Cheraskin, E of University of Alabama, both separately reported in 1996 that larger-than-recommended amounts of antioxidants have proved the effectiveness in arresting and/or preventing the disease of aging like cardiac diseases, arthritis, cataracts, ARMD and certain other maculopathies.

B) Optometric:

Optometric management procedures are very much effective in preventing the further deterioration of visual acuity in ARMD. Once vision has been seriously compromised, the only means of improving visual function are Optometric devices and aids that produce magnification of retinal images. Optometric test procedures include –

i) examination without any instrument and directing the patient to gaze over surrounding objects;
ii) routine procedure of subjective examinations with direct and indirect Sentinel's chart at different distances of 6mt, 3mt, 2 or 1mt as situation dictates may be undertaken;
iii) perimetry and Amsler Grid for visual field assessment, measuring metamorphosia and paracentral scotoma;
iv) Ophthalmoscopy, retinoscopy and slit-lamp bio-microscopy for both the examination of the internal eye health status as well as to determine the clarity of optical media;
v) tonometry for measuring the intra-ocular pressure (IOP);
vi) pupillary reaction test;
vii) orthoptic examinations;
viii) bio-microscopy for macular examination and taking the plano-convex contact lens as the gold standard for magnification.
ix) Telescopic effect of low vision aids (LVA) helps in increasing the size of the objects as well as the retinal image and vision through the extra macular area. LVA is so advantageous, especially in ARMD that among the senile ocular degenerative conditions, LVA is used 80% in ARMD in 51-74 age group and 75% in ARMD in 85+ yrs. Age group.

PROGNOSIS

In ARMD, there is no effective treatment available so far excepting a few optometric aids and thus prognosis is very poor i.e. gradual loss of vision leading to blindness, bilaterally. In exudative ARMD, loss of central vision causes most devastating consequence of blindness. More occur in females than in males (3:2). This condition may sometimes be associated with clinical picture of

circinate retinopathy. The differential diagnosis from malignant melanoma is important but difficult (Dhanda and Kalevar, 1997).

Poller, S and Hesse, L of Philipps University, Marburg, Germany reported in 1997 that acute glaucoma, caused by massive sub-retinal haemorrhage in ARMD and disordered thrombocyte function, limited to the posterior pole of the eye are not uncommon in their country. ARMD with extended untreatable neovascularisation of membrane were diagnosed. About one year later, sudden pain was initiated by the secondary-angle-closure glaucoma, caused by massive chorcidal and sub-retinal bleeding. Recurring haemorrhages led to continuously elevated IOP, which became untreatable by drug therapy. In ARMD, IOP raised upto 50-80mm of HG whereas the normal range is 16-23mm of Hg. Sclerotomy caused further increase in IOP and the prognosis led to an ultimate and unavoidable enucleation of eye ball.

DISCUSSION

In fine, only one proposition is clear that ARMD is a heterogeneous trait. Its existence, either singly or in association with other senile degenerations, can not help us to point out its exact etiology and thereby any specific diagnostic procedures for its treatment and management. From the review works, it is further evident that ARMD is a major problem of the elderly persons all over the world. Scientists and specialists from different disciplines are always trying their best to solve the problem. In our country, on the other hand, this particular effort which is in need is very much lacking. With a few exceptions, no satisfactory research work in this field has been found. But we have all the resources to do the same. Initially, we can take the model plans of other countries like that of Singapore (HO, T et. Al.1997). Rapid advances in molecular biotechnology in our country have already led to the identification of many genes responsible for inherited diseases. These discoveries may also help in understanding the pathogenesis of more common ophthalmic disorders, which have a genetic component such as open-angle glaucoma and ARMD. Thus, a combined epidemiological, Ophthalmological and optometric and biotechnological research work can only reveal the unknown facts of ARMD and thereby protecting the valuable vision of the senior citizens of our country in the new millennium.

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Copies are sold at the Calcutta University Publication Sales Counter
Asutosh Building, Kolkata - 700 073
Price : Rs. 75.00

Journal Of The Department of Anthropology

OLUME : 6 DECEMBER : 2000 NUMBER : 2

UNIVERSITY OF CALCUTTA

JOURNAL OF THE
DEPARTMENT OF ANTHROPOLOGY
UNIVERSITY OF CALCUTTA
35, BALLYGUNGE CIRCULAR ROAD
CALCUTTA - 700 019

PUBLISHED BY

DEPARTMENT OF ANTHROPOLOGY
UNIVERSITY OF CALCUTTA
35, BALLYGUNGE CIRCULAR ROAD
CALCUTTA - 700 019

PRINTED BY
CALCUTTA UNIVERSITY PRESS
HAZRA ROAD
CALCUTTA - 700 019

VOL. 6 NO. 2

JOURNAL OF THE DEPARTMENT OF ANTHROPOLOGY UNIVERSITY OF CALCUTTA

CALCUTTA
2000

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EDITORIAL

The Department of Anthropology has completed eighty years in 2000. The Department after its establishment in 1920 by Sir Asutosh Mukherjee had a number of eminent anthropologists as its faculty members. The department has produced a number of renowned anthropologists.

Since 1994 this department is granted special assistance by University Grants Commission. After completion of five years it is recommended for a second phase. Modern facilities have been acquired with the grant. Seminar on the identified thrust areas were held. The present thrust area is "Man and environment with special emphasis on women, weaker section disadvantaged people etc."

In March 2000 a national seminar was held on "the problems of aged, women, weaker section and disables." Present volume is on the papers presented in the seminar. Twelve papers are published in this volume. These are mainly on the theme of Gender bias, disabled and weaker section.

N.K. Behura former Professor of Utkal University, jointly with R.P. Mohanty has written on sex preference in birth and educational facilities for girl child. The work is done in five multicaste Hindu villages located on the fringe areas of Bhubaneswar city. Four communities, namely, Brahman, Chasa, Bauri and Santals are studies for the understanding of culture related gender bias. They found that male children are preferred because they are economically profitable and are considered as support in the old age.

S.R. Mondol, Professor and Director, Centre for Himalayan Studies, North Bengal University has paper on Girl child in Muslim society. The ratio of females to males is decreasing steadily among the Muslims. The girls are neglected. Birth of girl is not celebrated by the family. They are given a lesser share of food and health care. A barrier is maintained with the male folks. The gender disparity among the Muslims is perceptible and considered as a waste of human resources.

Nirmal Kanti Chakraborti, faculty member of law, Calcutta University, deliberated on the problems of disabled persons and the law. He has pointed out the social attitude

towards disability. Problems, both global and national, related to disability is discussed. Finally he has focused on the legal issues and empowerment of the disables in view of the rights of the individuals with disabilities.

Arupendra Mazumdar and Subroto K. Roy of the Anthropology and Human Genetics Unit of Indian Statistical Institute studied the disability from the view point of an anthropologist. Major focus of the paper is on methods of study of disability of which anthropological approach has got its relevance because of its social and cultural implication.

Sri B.G. Mukherjee, former president and Sm. Urmila Ganguly, present president of Nishana have discussed upon the role and activities of the parents of disabled children. They had defined the types of mental retardation and had suggested the importance of parents' association.

Arabinda Narayan Choudhuri, Professor and Head of the Department of Psychiatry, in his paper has emphasized upon the cultural perspectives of mental health of the women. He has considered origin of the distress in women in the societal backdrop of hunger, work load, violence in various forms against them.

The discourse on the drug abuse and family background of the youths in Calcutta, presented by the research worker Sudip Kumar Chowdhury of Sociology department, Calcutta University is a case study.

Shyamal Kanti Sengupta, Faculty member, Anthropology Department, Calcutta University, jointly with Kanika Sengupta has discussed upon the rights of disabled and has pointed out measures for preventing the segregation and marginalization of the disabled.

Paper by Paulomi Chattopadhyay is a deviation from the disables. It is mainly on the families where at least one of the offsprings has gone abroad and has attained the non resident Indian status. The authors have tried to make a survey of the role and relationship within the family members in the light of change due to migration.

The paper on Biswakarma, the boat-builders, by Swarup Bhattacharya, Research fellow of Anthropological survey of India, has focused on Rajbangsis, the traditional

boat builders. He has made a technological appraisal of the boat building in the light of environment. The skill is handed down through generations by way of apprenticeship.

The last paper is an apparent discord being the one on neolithic culture of Karbi Anglong. This is included because it gives an identity to the neolithic times to a group living in the North East India.

The volume is enriched by the above mentioned papers and with the deep in sight in the problems of gender bias, disabled and weaker section.

Ranjana Ray

Sex preference in birth and educational facilities for girl child in Urban fringes of Bhubaneswar city

N.K. Behura and E.P. Mohanty

Key Words: Sex, Preference, Culture

Abstract: Life without male and female combine cannot be imagined. So they are thought to be two sides of the same coin. But surprisingly they are never consid ered as equal. So far as the physiological and biological composition of human body is concerned, the females are treatedas a lesser sex andas per the tradition; they are vehemently accounted for as an underclass as compared to men. Inpatriarchal societies women are treated as subservient to their male counterparts,and in matriarchal societies, even though they enjoy a better socialstatus than those in the formersocieties, they are also not considered as equal with the men.

In patrilocal societies women after the marriage leave their natal home per manently and go to reside with their husband at the latter's home.Again in patriarchal societies, the ritual role of the male isconsidered more vital than the females. These being the most influential reasons, the women have remained backward in various fieldsas compared to males. In some traditional societies, they are considered as social and economic burden on the parents and hence, someof the parents do not prefer to have female issues. And they think thatsuch issues are not so useful dur ing their old age. As a result of thisthe parents do not like to invest money on their education, as some ofthem think that spending money on the education of girls is unproductive.

In this paper an attempt has been made to assess the views of people be longing to different caste groups on sex preference on birth and the associated reasons thereof, and to ascertain the factors responsible for low girls' literacy in such groups. The paper has been divided into three parts, the first part deals with the design of the study, and remaining two parts cover the major focus of the paper.

In most of the traditional societies women are considered as an underclass. In patriarchal societies their condition is worse than those in matriarchal societies. In such societies they are to put up with all sorts of discrimination and lead a restricted lifestyle as per the will of the society which has been designed predominantly by the male chauvinists.

Patriarchal societies are primarily patrilineal and patrilocal in nature and as such in these societies the economic, social and ritual roles of male members are felt to be more important than the female members. So parents in these societies prefer to have male children in order to cope up with their culture. The male descendant is expected to perform the annual oblation ritual for the manes.

However, since cultures differ from one caste to another depending upon the nature of society and ecological conditions, in this study we have attempted to show how the people of different patriarchal communities (viz. Brahman from upper caste Hindu communities, Chasa from caste-Hindu peasant communities, Bauri from among the ex-untouchable or Dalit communities and Santal from tribal communities) look at girl children and what are the factors responsible for the low level of literacy of women in these societies.

The study has been conducted in five multi-caste Hindu villages located on the outskirts of Bhubaneswar City and two slums falling within the civic administration of this city. Since these study areas fall in and around this city which is the State capital of Orissa, the people living therein have better access to various basic amenities, like educational institutions, public health centres, medical facilities, post and telecommunication offices etc. and have better exposure to various mass medias than others.

Culture and the Notion of Sex Preference in Birth

Various social characteristics of society and the cultural set-practices are very much responsible for determination of social status and role of men and women. As we do not have similar types of human societies everywhere in the world, the social status of men and women differs much from one society to another depending upon the nature of such societies and the cultural norms and practices prevailing among the people therein. The social status of men is comparatively high as compared to women in patriarchal societies wherein the authority of the father or the eldest male member of the family is solely recognized and lineage relationship is traced in his line. Moreover, the residence of the female spouse changes to that of the house of her husband or any other affinal relative and the surname of the female spouse also changes according to the surname of her husband. The legitimate children born to her also required to be known after the surname of her husband or the father of the children. As a matter of fact, in such societies, the male head remains as the absolute authority over all the ancestral

properties and all such properties are inherited by the male children but not by female children. Thus, in a society, which is patriarchal in nature, both types of female members, viz. the female spouses and the female children do not enjoy equal status with their counterparts ; rather in all respects they are treated as subordinates or as underclass members in the family. And in most of the cases, in this type of society, female children are considered as social and economic burden on their parents. What is more surprising is that, in this type of society, even a mother does not prefer a female child and if such a child is born to her, she may even treat it as a prestigious event. This happens not because, by nature, she is biased or cruel towards her female children, rather she behaves negatively since she is socialized accordingly in such a society or culture.

In the context of the foregoing discussion, in the present study an attempt has been made to find out if there is practically any such discrimination prevailing among the four categories of societies of modern India. The result, certainly make some amazing revelations. In order to assess the present social status of the girl children in the families of Brahman, Chasa, Bauri and Santal communities, several direct and indirect questions were put to the parents. First of all when a question relating to the 'desired sex' for their first issue was put, most of them opined for a boy child. Specifically, highest percentage of Bauri (94.00) households followed by 86 per cent of Santal, 84 per cent of Chasa and 76 per cent of Brahman households opined that they had wanted a male issue. Exceptionally, only 4 or 8 per cent Brahman households and 1 or 2 per cent Bauri household said that they had intended to have female issues. The rest households of each community did not have any choice (Table - 1).

Table - 1 : Desired Sex of the First Child among different Ethnic Groups

Ethnic groups	Boy child	Girl child	No option	Total
Brahman	38 (76.00)	4 (8.00)	8 (16.00)	50 (100.00)
Chasa	42 (84.00)	-	8 (16.00)	50 (100.00)
Bauri	47 (94.00)	1 (2.00)	2 (4.00)	50 (100.00)
Santal	43 (86.00)	-	7 (14.00)	50 (100.00)
Total	170 (85.00)	5 (2.5)	25 (12.5)	200 (100.00)

Note : Figures in brackets represent % age

The households, which opined that they should have girl children, adduced that begetting the first issue as a girl child is considered as an auspicious event and an indicator of subsequent prosperity for the family. But the households, which had no option for any sex, maintained that since determination of sex of a child is divinely ordained and the humans cannot do anything against it, they should not have any choice over it. If God wishes, it would give a male child otherwise a female one. So, one must get satisfied with what God gives in the form of a child.

The households, which had wanted male issues, pointed out as many as 6 multiple factors in order to justify their wants. Of these factors, economic importance of male children has been observed to be the most vital reason behind opting for a boy child as in all the communities, most of the people, viz. 76.74 per cent Santal, 72.34 per cent Bauri, 71.43 per cent Chasa and 71.05 per cent Brahman households consider a male child as an economic asset. This, otherwise, means that these households consider a girl child as an economic burden on them or their family. The next important factor, is found to be 'old-age security' which is thus-for Santal (23 or 53.49%), Bauri (21 or 44.68%) and Chasa (13 or 30.95%) people. But for the Brahman people, the second

most important factor comes to be 'fulfillment of ascribed ritual assignments' since 19 or 50 per cent informants of this community argue in its favor. However, if one looks at the data available in the total column, it is found that irrespective of any community, of the total 170 households which had wanted male children, a total number of 124 or 72.94 per cent households point out economic importance of male children as the basic and foremost reason behind opting for a male child. The next important reason is observed to be 'old-age security' as this factor has been focussed by a total number of 72 or 42.35 per cent households. 'Old-age security' has been highlighted in the sense that either the male children or their spouses would be helpful to them during their old age. Apart from them, the grandchildren would also equally be helpful during their old age. The daughters may not render this help to their parents during their old-age since they leave their parent's house after their marriage and as per the practices of the society, permanently stay at the home of their respective husbands. They visit their parents occasionally or on some special occasions as relatives. Hence, no parent can demand the services of its married daughters during his/her old age. Another reason behind opting for boy children is that the male children have many ritual responsibilities to perform, as for example, the eldest male child is required to offer some amount of holy water of the river Ganga in the mouth of his parents at their dying moments and give Mukhagni (fire for funeral pyre) to them after their death. Otherwise, it is believed that the deceased would not get mukti or mundane salvation. Hence, the souls of the dead parents remain dissatisfied, and therefore, their spirits might become malevolent and hence cause harassment for members of the family. Next to this point, a total number of 33 or 19.41 per cent households said that it was essential that one should have at least one male child in order to save and continue one's own agnatic line and hence inherit and protect the parental properties. Interestingly, 10 or 5.58 per cent households categorically admitted the fact that if one gets a male child as its first issue, it would help the couple to limit the size of its family. Otherwise, the couple has to go in for procreating the next child with a hope to have a male issue. And, if the second issue is still a female one, the process of procreation does not stop until a male issue is begotten. This ultimately leads to the creation of a large family and subsequently it becomes a great economic burden for the parents. So, if the first issue is a male child then it means, it would fulfil all the expected social, ritual and economic duties of the family. As a result, one may stop procreation of more children after having a male child (Table - 2).

Table -2 : Factors Responsible for opting a Boy Child as the Eldest Progeny

Sl.no	Factors	Brahman	Chasa	Bauri	Santal	Total
1.	Economic support to father	27 (71.05)	30 (71.43)	34 (72.34)	33 (76.74)	124 (72.94)
2.	Fulfillment of ritual requirement	19 (50.00)	7 (16.67)	6 (12.77)	5 (11.63)	37 (21.76)
3.	Old-age security	15 (39.47)	13 (30.95)	21 (44.68)	23 (53.49)	72 (42.35)
4.	To continue generation	10 (26.32)	4 (9.52)	8 (17.02)	11 (25.58)	33 (19.41)
5.	To remain free from dowry and marriage problems of daughters	4 (10.53)	-	-	-	4 (2.25)
6.	To limit family	4 (10.53)	3 (7.14)	3 (6.38)	-	10 (5.88)

Note : Figures in brackets represent % age.

Apart from asking about the desired sex of the first child, a subsequent question relating to gender discrimination, i.e., the total number of children a married couple should have and the sexual division thereof was put to the same informants in order to assess their mentality on gender biasness at the familial level. The result of this question is presented in Table no. 3, 4 (a), 4(b), 4(c) and 4 (d).

Table 3: No. of Children a Couple should have

Ethnic groups	No. of Children									
	1	2	3	4	5	6	7	8	Not sure	Total
Brahman	3 (6.00)	24 (48.00)	19 (38.00)	4 (8.00)	-	-	-	-	-	50 (100.00)
Chasa	6 (6.00)	14 (42.00)	19 (16.00)	5 (18.00)	-	1 (2.00)	1 (4.00)	1 (4.00)	3 (8.00)	50 (100.00)
Bauri	3 (6.00)	21 (42.00)	8 (16.00)	9 (18.00)	1 (2.00)	2 (4.00)	-	2 (4.00)	4 (8.00)	50 (100.00)
Santal	3 (6,00)	35 (75.00)	8 (16.00)	3 (6.00)	-	-	1 (2.00)	-	-	50 (100.00)
Total	15 (7.50)	94 (47.00)	54 (27.00)	21 (10.50)	1 (0.50)	3 (1.50)	2 (1.00)	3 (1.50)	7 (3.50)	200 (100.00)

Note : Figures in brackets represent % age.

Table No. 3 indicates that the highest percentage of Santal, Brahman and Bauri people say that a couple should have at least 2 children, but when out of the total sample of 50 households of each community, a total number of 35 or 70 per cent of Santal household said this, it is 24 or 18 percent for the Brahman and 14 or 28 per cent for the Bauri households. Maximum, i.e. 19 or 38 per cent of Chasa households asserted that a couple should have at least 3 children. However, the total figures reveal that of the total households who maintained that a couple should have only one child as against 94 or 47 per cent households who say that it should have a minimum of 2 children. The households who opt for 3 children per couple account for a total number of 54 households, which is 27 per cent of the total sample size. Again quite a good number of household, i.e. 21 or 10.5 per cent are there who say that the concerned number be 4 per couple and the households who want that a couple should have as many as 5,6,7 and 8 children account for 1 or 0.5 per cent, 3 or 1.5 per cent, 2 or 1 per cent and 3 or 1.5 per cent respectively. The rest 7 or 3.5 per cent household answered differently as they opine that they are not sure about the number of children a couple should have since the

number of children a couple should have since the number of children a couple gets is predetermined and humans cannot do anything either to reduce or to increase the number according to their own wish. Absolutely it depends on the Almighty. If one goes against this natural set practice through any artificial method the result may be disastrous.

Of the total number of children preferred to be begotten a proportion of households wanted at least one female child per couple. However, among the Brahman households a total number of 48 or 96 per cent households wanted boy children as against only 36 or 72 per cent who wanted female children. There are 2 (4%) households who did not have any choice of sex for their progenies. They remain neutral [Table 4 (a)].

Among the Chasa, Bauri and Santal people, there are 48 or 97.87 per cent, 44 or 95.65 per cent and 48 or 96 per cent households respectively who want that each of them should have at least one boy child. The rest households did not have any choice over the sex. The households who wanted at least one girl child account for 32 or 68.09 per cent for the Chasa, 33 or 71.74 per cent for the Bauri and 36 or 72 per cent for the Santal [Table 4 (b)], [Table 4 (c)] and [Table 4 (d)]. However, the average number of boy and girl children opted to be begotten per household shows an amazing revelation. When in each of the communities, the average number of boy child wanted is about 2 per family, it is less than 1 girl child.

Educational Deprivation and the Girl Child

Education is an important aspect of life of all individuals irrespective of sex. In countries where formal education has reached more people, it is comparatively more developed than those where people are less literate. More particularly where more females are educated, the socio-economic development of that country is more satisfactory. Because, if a female is educated, it is considered that a family is educated and if a male is educated, it is thought that only one person is educated. This is because of the fact that women remain in charge of the household duties including looking after the children. If mother is educated, automatically the children and other family members become educated and accordingly their awareness and world view also increase. But in Indian traditional patriarchal societies, the women have not been provided with formal education since long because of the age-old inherent social practices and the prevailing social prejudices. As a result, the proportion of educated women to that of the educated men has remained much lower, even though, nowadays, their rate of literacy is increasing steadily. Still then the overall rate of literacy

of women in traditional casteist societies is much lower as compared to their male counterparts. This is also evident from the findings of the present study.

In order to find out the level of literacy among the male and female children and the reasons associated with their illiteracy, three important age groups, viz. 5-9, 10-19 and 20-24 have been formulated in which people normally attain formal education.

Out of the total of 42 male Brahman population falling in these 3 age groups, 39 or 92.86 per cent are found to be literate as against 23 or 63 per cent females of the total 36 female population of these 3 age groups. But when of the total literate male population, as many as 30 or 76.92 per cent are continuing their education in different classes, it is only 16 or 69.56 per cent females who are now studying. The rest male and female population has either discontinued their study after completing certain levels of education or are dropouts [Table 5 (a)].

Table 5 (b) shows that there are 67 male and 68 female members belonging to the Chasa community in the said age groups. Of these total populations, 46 or 68.66 per cent male as against 29 or 42.65 per cent females are observed to be literate. But when of the total literate male members, more than 76 per cent are continuing their education, there are only 16 or 55.17 per cent female members who do this. Similarly the trend is also the same for the rest two communities, viz. Bauri and Santal, but the gap of literacy between male and female members of these communities is very high compared to the male and female population of Brahman and Chasa communities. However, when of the total 74 Bauri male population, the literate people account for a total number of 57 or 77.03 per cent, it is merely 19 or 38.78 per cent females of this community is literate and the rest people are found to be illiterate. It is also further evident from the same table that when of the total literate male population, presently about 58 per cent or 33 persons are continuing their education, it is only about 37 per cent or 7 females who are found to be doing so [Table 5 (c)].

So far as the case of the case of the Santal is concerned, it is witnessed that of the total of 54 male and 53 female persons, 31 or 57.41 per cent male and 18 or 33.96 per cent females are literate and the rest are all illiterate. But the percentages of male population who are now continuing education is found to be very high (64.52) as compared to the same percentage (27.78) of the female population [Table 5 (d)].

Thus, from the above findings it is observed that in all the communities the rate of literacy of female members is much lower than their male counterparts.

However, in order to find out gender discrimination in respect of availing an educational opportunity, some questions relating to a probable situation was put to the informants. The probable situation and the related questions were as follows: 'suppose you have 4 children, 2 sons and 2 daughters and government want to provide free education along with all other facilities, like board and lodging free of cost only to 2 of them. In that case whom do you select from amongst your 4 children?' Surprisingly most of the Santal (33 or 66%), Chasa (31 or 62%), Bauri (27 or 54%) households opted to avail such an opportunity for both of their sons as against a total number of 21 or 42 per cent Brahman households who also wanted this. All the rest households opted to avail the said opportunity for one boy and one girl child. Surprisingly there was none among any of the communities that opted to avail the opportunity in favour of both of their girl children (Table 6).

The above findings certainly indicate that in the matter of availing educational opportunities, the girl children are not favoured by most of the households of the traditional societies. However, in order to discern whether practically the households which chose one boy and one girl for the said programme of the government, give equal importance to their boy and girl children, a subsequent question was also put. The question was related to the provision of employment for only one of the two educated children after completion of education under the said scheme. In that case when about 79 per cent Chasa informants opted for availing this opportunity in favour of their boy children, it was 76.47 per cent for the Santal, 73.91 per cent for the Bauri and 65.57 per cent for the Brahman households who also gave a similar opinion. The rest households, however, opined that they would prefer such an employment opportunity for any child, whoever is found fit and qualified better than the other (Table-7). Thus, it becomes perspicuous that in all the four communities, the girl children remain deprived of their basic rights to education and also employment at the household level. Since educationally they are discriminated against the boy children at the familial level, in later stage of their life they find themselves very helpless and unable to enter into the job markets for their illiteracy. This certainly compels them to remain under their male counterparts, both economically as well as socially.

Factoes Responsible for Illiteracy among Girl Children and Women

In order to find out the factors responsible for illiteracy the total illiterate persons and the population who are dropouts or have discontinued their education after completion of certain level of education have been added up together. And the total figures obtained thereof in different age groups have been taken as 'N' (Table 8).

The factors responsible for illiteracy among the male and female population of different communities are observed to be as many as 13 in number. Of these, 3 factors are exclusively related to different classroom problems and personal academic career. Two are concerned with illness or health problems of self and other family members or death of parents and the rest 8 factors are social and economic in nature. All these factors came out into the fore as multiple answers. As a result, each factor does not seem to be an independent variable, which is solely responsible for reducing the level of literacy either among the female or among the male children (Table 9).

However, so far as the factors responsible for illiteracy among the male and female persons are concerned, it can be said that for the Brahman community, the most important factor responsible for illiteracy of male children is found to be failure in class promotion examinations as this factor is pointed out by a total number of 4 or 33.33 per cent of households. But on the contrary, the most important factor that has caused reduction in the level of literacy among female children is found to be the poor economic condition of their parents. However, among all the rest 3 communities, viz. Chasa, Bauri and Santal, poor economic condition of parents is found to be responsible as the most important reason of spreading illiteracy among both the male and female children. But what is amazing is that even though highest percentage of people belonging to these communities assert that their poor economic condition does not permit them to educate their male and female children, there are more parents who point out this reason as the most important and striking aspect for reducing the level of literacy among their female children but the gap between the percentage of parents who have said that this factor is the most important factor for illiteracy among their male children and those who have advocated that this factor is responsible for the persistence of illiteracy among their female children is very big in case of all the communities studied.

The Brahman households, who have pointed out their poor economic condition

as an important reason for illiteracy among their boy children, account for 25 percent or 3 households as against 40 per cent or 8 households who have remarked this being the most radical factor for lowering literacy rate among girl children. Similarly 40.62 per cent or 13 Chasa households say that their poor economic condition does not permit them to educate their boy children, there are as high as 50 per cent or 26 households who focussed this as the prime reason for not sending their girl children to educational institutions. Further, when about 59 (58.54) per cent Bauri households say that they are basically wage-earners and hence are not able to educate their boy children, there are as high as 74 per cent or 31 households who have held this factor responsible for higher rate of illiteracy among their girl children. The Santal are also of the same view but when a total number of 18 or 52.94 per cent of them identify their poverty being the prime cause of illiteracy among their male children, there are as many as 30 or 62.5 per cent households who point out this as the most important reason for their female children being illiterate.

From the above findings, an important point comes to the fore. It can certainly be said that the same parents cannot be poor for educating their girl children and well to do for male children. But it is observed that when in many cases the same parents say that they are not educating their girl children because of their poor economic condition, at the same time they are sending their male children to school. This practice continues for an important social factor. They feel that spending money on the education of female children means wasting their scarce resources which they have, since, in traditional patriarchal societies, the female children are considered as the wealth of others as they leave their parents and reside permanently with their affines at their in-law's house after their marriage and if in that case an educated girl gets employed, her income goes directly to the family fund of her husband but never comes to the hands of her parents. If at all it comes, it comes occasionally as gift or loan. Again, it may also occur for three other important social reasons. First of all, in patriarchal societies, after marriage, a girl is considered as an asset of her husband or of her affines and in that case, her husband and parents-in-law remain as her sole guardian or authority and custodian of what she earns either as an employed person or as a wage-earner or as an entrepreneur. Secondly, after marriage, a girl considers her husband, children and some of her close affines as her close relations with whom she has to lead her whole life. She takes to this sort of attitude as a result of her socialization. The society also demands this sort of attitude and behaviour. The norms of the society compel her to exhibit and manifest apparent indifference towards her consanguines: Under social

compulsion she remains under such a state of mind and shapes her behaviour accordingly. In other words, she remains helpless and unable to do anything for her parents beyond certain prescribed limits. The third important factor is that, traditionally the women are treated as if they are born to manage the home front, like cooking daily-food for the family members and serve it properly to them, looking after the children and attending to all domestic chores. Hence, there is no need for them to go to school and get educated as like the male children who are supposed to earn and financially support the family. So the poor people do not like to spend their scarce resources on the education of their female children, rather spend the same for educating their male children who are supposed to remain for whole of their lifetime with their parents. They would get employed after completion of their education and hence would be socially as well as financially helpful to their parents during their old age.

However, if one looks at the data available in the total column of the same table, it may be seen that poor economic condition of parents remains as the most important factor of illiteracy among the male as well as female children irrespective of any community. But this factor is attributed to be a cause of illiteracy for about 49 per cent or 58 male children, as against about 59 per cent or 95 female children. The second most important factor in order of numerical strength is observed to be the disinterest of parents to spend money on the education of female children. As has already been pointed out earlier, it happens that the female children leave their parents after their marriage and reside with their husbands. And unemployment among 16 educated young men (13.45%) works as a negative factor against education of male children in some cases. Some parents say that there are many educated unemployed young men in their society. So, there is no guarantee that their male children would get employment after their education. It necessitates that the parents do not want to spend their hard-earned money on the education of their male children who would remain outside the pale of job-markets.

Helping parents in different economic and day-to-day household pursuits is an important reason, which is rated as the third important reason for illiteracy of both the male and female children since this point has been highlighted for 30.25 per cent or 49 girl children as against the same percentage of male children. The male children normally help their fathers in agricultural activities and the girls help their mothers in various household duties like sweeping the floor and backyards, cleaning of utensils and clothes, fetching water from water resources for their daily consumption etc.

Apart from the above factors, there are three more factors, which exclusively remain behind reducing the literacy level among the female children. These reasons are : (i) attaining of adulthood or marriageable age by the girls (47 or 29.01%), (ii) problem of finding out educated spouse for the educated girls (28 or 17.28%), and (iii) general negative attitude of society (8 or 4.94%). These factors come out as the 3rd, 6th and 9th important causes respectively in chronological order of importance for persistence of illiteracy among the girl children.

Among the traditional casteist and economically poor patriarchal societies attainment of adulthood by the girls is considered as attainment of marriagable age, and once a girl gets matured means it becomes a headache for her parents. They concentrate their attention on the preparation for marriage of such girl children, rather than on their education. Even in some cases the parents stop education of their girl children. Once they get matured, parents advise them to learn the art of cooking and other such household activities from their mothers or from any other senior female member of the family seriously since these aspects are traditionally considered as the required knowledge for girl children to get married. If a girl is perfect in cooking and household management, her life becomes smooth and easy; otherwise simply possession of formal educational degrees does not help her to achieve love and affection of her husband or other affines. Moreover, the parents feel that once a girl gets highly educated means it creates problems for them as they are to search for a matching groom who is more qualified than their daughter, and in such a case, the poor parents may not be able to meet the quantity of dowry demanded by the groom's party. Thus, such a situation may compel some parents to search for a groom who is less qualified than their daughter. But if such a marriage proposal is solemnized, the familial life of the married couple gets disturbed. Because in a male dominated society the male members, particularly, the husbands want that in all aspects they should always remain dominant over their female counterparts. And women themselves desire that their life partners must be more educated and hence earn more than they earn. So, in order to avoid this sort of unpleasantness, the poor parents remain cautious and do not like to educate their daughters more, and therefore hesitate to provide higher education to their daughters.

Looking after younger siblings during the absence or even during the working hours of parents, particularly mothers, is the fourth important factor behind the

illiteracy of female children. This activity is specific to the female sex based on the norms of sexual division of labour. However, exceptionally male children are also engaged in this work but their percentage of engagement in this activity is less than the opposite sex. As a result, when this factor comes in the fourth order for the female children, it ranks in the seventh position amongst the factors responsible for lowering the rate of literacy among the male children. Another important factor that seems to be similar to the above one but practically it is distinct by its own character. This factor is : 'engagement of female children in different economic pursuits at an early age, i.e. at school-going age. This factor has been pointed out for 20.99 per cent of female children as against 20.17 per cent or 24 male children. Hence this factor ranks in the 5th and 3rd order amongst all the factors pointed out for female and male children respectively. In poor families female children are generally engaged as maidservants and the boys are forced to work as rag-pickers, petty vendors, assistants in garages and roadside shanty hotels etc. in order to economically support their parents. Other factors found responsible for the illiteracy or dropout or discontinuance of education among female children are based on the health problems of self (4 or 2.42%) and family members like parents (23 or 14.20%), and failure in class promotion examinations (12 or 7.14%), fear of school teachers (3 or 1.85%) and poor academic career (3 or 1.85%) which does not facilitate admission of such children to higher educational levels like availing of college education or any technical or vocational education. The corresponding figures for the male children are found to be 8 or 6.72 per cent, 12 or 10.08 per cent 14 or 11.76 per cent, 19 or 15.97 per cent, and 4 or 3.36 per cent respectively.

Thus, it is evident that in all the four communities studied, the women are considered as a lesser sex and as per the tradition; they are vehemently accounted for as an underclass as compared to men. This is why there is a craze among all the parents to have male children and educate them on priority so that they could be economically helpful to their parents during old age. The female children are considered as a burden on parents since they leave parents and permanently reside with their husbands after their marriage.

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Table – 4 (a) Option for Boy and Girl Children among Brahmin Households

No. of children a couple should have	Total HHs opted	Total no. of children	No. of HHs opted for boy children	%age to total HHs opted	Total no. of boy children	%age to total children	No. of HHs opted for girl children	%age to total HHs opted	Total no. of girl children	%age to total children	HHs having no option for sex	%age to total HHs	Total children of any sex	%age to total children
1	3 (6 00)	3	2	66 67	2	66.67	-	-	-	-	1	33 33	1	33 33
2	24 (48 00)	48	23	95 83	30	62.5	16	66 67	16	33.33	1	4 17	2	4 17
3	19 (38 00)	57	19	100.00	39	68.42	16	84.21	18	31.58	-	-	-	-
4	4 (8 00)	16	4	100.00	11	68.67	4	100.00	5	31.25	-	-	-	-
Total	50 (100.000	124	48	96 00	82	66.13	36	72 00	39	31.45	2	4 00	3	2 42

Note: Figures in brackets represent %age.

Table – 4 (b) Option for Boy and Girl Children among Chasa Households

No. of children a couple should have	Total HHs opted	Total no. of children	No. of HHs opted for boy children	%age to total HHs opted	Total no. of boy children	%age to total children	No. of HHs opted for girl children	%age to total HHs opted	Total no. of girl children	%age to total children	HHs having no option for sex	%age to total HHs	Total children of any sex	%age to total children
1	6 (12.77)	6	6	100 0	6	100 00	-	-	-	-	-	-	-	-
2	14 (29.79)	28	13	92 86	15	53 57	10	71.43	10	35.71	1	7.14	2	7.14
3	19 (40.43)	57	19	100 00	42	73.68	14	73.68	16	28 07	-	-	-	-
4	5 (10 64)	20	5	100.00	12	60.00	5	100.00	8	40.00	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	1 (2.13)	6	1	100.00	4	66.67	1	100.00	2	33.33	-	-	-	-
7	1 (2.13)	7	1	100.00	6	85.71	1	100.00	1	14.29	-	-	-	-
8	1 (2.13)	8	1	100.00	7	87 50	1	100 00	1	12.5	-	-	-	-
Total	47 (100 00)	132	46	97 87	92	69.70	32	68.09	38	28 79	1	2 13	2	1.52

Note: (i) Figures in brackets represent %age; (ii) 3 households out of 50 sample households did not specify the no. of children a couple should have.

Table – 4 (c) Option for Boy and Girl children among Bauri households

No. of children a couple should have	Total HHs opted	Total no. of children	No of HHs opted for boy children	%age to total HHs opted	Total no. of boy children	%age to total children	No. of HHs opted for girl children	%age to total HHs opted	Total no. of girl children	%age to total children	HHs having no option for sex	%age to total HHs	Total children of any sex	%age to total children
1	3 (6 52)	3	3	100 00	3	100.00	-	-	-	-	-	-	-	-
2	21 (45 65)	42	20	95.24	25	59 62	15	71 43	15	35.71	1	4 76	2	4.76
3	8 (17.39)	24	8	100.00	17	70.83	7	87.50	7	29 17	-	-	-	-
4	9 (19.57)	36	8	88.89	24	66.67	7	77.78	8	22 22	1	11.11	4	11.11
5	1 (2 17)	5	1	100.00	5	100.00	-	-	-	-	-	-	-	-
6	2 (4.35)	12	2	100 00	9	75.00	2	100.00	3	25.00	-	-	-	-
7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	2 (4 35)	16	2	100 00	11	68.75	2	100.00	5	31 25	-	-	-	-
Total	46 (100 00)	138	44	95 65	94	68.12	33	71.74	38	27.54	2	4 35	6	4 35

Note: Figures in brackets represent %age.

Table – 4 (d) Option for Boy and Girl children among Santal Households

No. of children a couple should have	Total HHs opted	Total no. of children	No. of HHs opted for boy children	%age to total HHs opted	Total no. of boy children	%age to total children	No. of HHs opted for girl children	%age to total HHs opted	Total no. of girl children	%age to total children	HHs having no option for sex	%age to total HHs	Total children of any sex	%age to total children
1	3 (6.00)	3	3	100 00	3	100.00	7	-	-	-	-	-	-	-
2	35 (70 00)	70	33	94.29	38	54 29	26	74.29	28	40.40	2	5.71	4	5.71
3	8 (16 00)	24	8	100 00	16	66.67	8	100.00	8	33.33	-	-	-	-
4	3 (6 00)	12	3	100 00	6	50.00	2	66 67	6	50 00	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1 (2 00)	7	1	100 00	7	100 00	-	-	-	-	-	-	-	-
Total	50	116	48	96 00	70	60.34	36	72 00	42	36.21	2	4.00	4	3.45

Note: Figures in brackets represent %age.

Table – 5 (a) Status of Education among Brahmin Households According to Broad Age Groups and Sex

Age Groups	Total Population		Illiterate		Literate Males			Literate Females		
	M	F	M	F	Continuing	Discontinuing	Total	Continuing	Discontinuing	Total
5 – 9	10 (100.00)	10 (100.00)	-	4 (40.00)	10 (100.00) (100 00)	-	10 (100 00) (100 00)	6 (60 00) (60 00)	-	6 (60 00) (100 00)
10 – 19	23 (100.00)	24 (100.00)	-	7 (25.00)	15 (65.22) (65 22)	8 (34.28) (34 78)	23 (100.00) (100.00)	10 (41.67) (58.82)	7 (29 17) (41.18)	17 (70.83) (100.00)
20 –24	9 (100.00)	2 (100.00)	3 (33.33)	2 (100.00)	5 (55.56) (83 33)	1 (11 11) (16.67)	6 (66 67) (100.00)	-	-	-
Sub-total	42 (100 00)	36 (100 00)	3 (7.14)	13 (36.11)	30 (71 43) (76.92)	9 (21 43) (23 08)	39 (92 86) (100 00)	16 (44 44) (69.56)	7 (19.44) (30.43)	23 (63.89) (100 00)
25+	72 (100.00)	75 (100 00)	7 (9.72)	20 (26 67)	-	65 (90 8) (100.00)	65 (90.28) (100.00)	-	55 (73.37) (100 00)	55 (73.33) (100.00)
Total	114 (100 00)	111 (100 00)	10 (8 77)	34 (30.63)	30 (26.32) (28.85)	74 (64 91) (71 15)	104 (91.23) (100 00)	16 (14.41) (20 51)	62 (55.86) (79.49)	78 (70.27) (100 00)

Note: Figures in brackets represent %age.

Table – 5 (b) Status of Education among Chasa Households According to Broad Age Groups and Sex

Age Groups	Total Population		Illiterate		Literate Males			Literate Females		
	M	F	M	F	Continuing	Discontinuing	Total	Continuing	Discontinuing	Total
5 – 9	15 (100.00)	15 (100.00)	4 (26.67)	11 (73.33)	11 (73 33) (100 00)	-	11 (73 33) (100.00)	4 (26.67) (60 00)	-	4 (26.67) (100 00)
10 – 19	42 (100.00)	42 (100.00)	11 (26.19)	21 (50.00)	21 (50.00) (67.74)	10 (23.81) (32 26)	31 (73.81) (100 00)	11 (26.19) (52 28)	10 (23 81) (47 61)	21 (50.00) (100 00)
20 –24	10 (100 00)	11 (100.00)	6 (60 00)	7 (63.64)	3 (30.00) (75 00)	1 (10 00) (25 00)	4 (40.00) (100.00)	1 (63.64) (25.00)	3 (27.27) (75 00)	4 (36.36) (100 00)
Sub-total	67 (100.00)	68 (100.00)	21 (31.34)	39 (57.35)	35 (52.24) (76 09)	11 (16.42) (23.01)	46 (68 66) (100 00)	16 (23 53) (55.17)	13 (19 12) (44.83)	29 (42.65) (100 00)
25+	64 (100 00)	51 (100.00)	30 (46.88)	29 (56 86)	-	34 (53 13) (100 00)	34 (53.13) (100 00)	-	22 (43.14) (100 00)	22 (43.14) (100 00)
Total	131 (100.00)	119 (100.00)	51 (38.93)	68 (57.14)	35 (26.72) (43.75)	45 (34 35) (43.75)	80 (61.67) (100.00)	16 (13 45) (31 37)	35 (29.41) (68.63)	51 (42.86) (100.00)

Note: Figures in brackets represent %age.

Table – 5 (c) Status of Education among Bauri Households According to Broad Age Groups and Sex

Age Groups	Total Population		Illiterate		Literate Males			Literate Females		
	M	F	M	F	Continuing	Discontinuing	Total	Continuing	Discontinuing	Total
5 – 9	20 (100.00)	8 (100 00)	3 (15.00)	4 (50 00)	11 (55.00) (64.71)	6 (30 00) (35 29)	17 (85.00) (100 00)	3 (37.5) (75 00)	1 (12 5) (25 00)	4 (50 00) (100.00)
10 – 19	41 (100.00)	27 (100 00)	8 (19.51)	15 (55 56)	21 (51.22) (63 64)	12 (29.27) (36.36)	33 (80 49) (100 00)	4 (14 81) (33 33)	8 (29.63) (66.62)	12 (44 44) (100.00)
20 –24	13 (100.00)	14 (100 00)	6 (46.15)	11 (78 57)	1 (7.7) (14 29)	6 (46.15) (85.71)	7 ((53 85) (100 00)	-	3 (21.43) (100 00)	3 (21.43) (100 00)
Sub-total	74 (100.00)	49 (100.00)	17 (22.97)	30 (61 22)	33 (44.59) (57.89)	24 (32.43) (42 11)	57 (77 03) (100 00)	7 (14.29) (36 84)	12 (24.49) (63.16)	19 (38 78) (100 00)
25+	51 (100.00)	48 (100.00)	36 (70.59)	43 (89.58)	-	15 (29 41) (100 00)	15 (29.41) (100.00)	-	5 (10.42) (100 00)	5 (10 42)
Total	125 (100 00)	97 (100 00)	53 (42 40)	73 (75.26)	33 (26.4) (45 83)	39 (31.20) (54.17)	72 (57.6) (100 00)	7 (7.22) (29.17)	17 (17.53) (70 83)	24 (24.74)

Note: Figures in brackets represent %age.

Table – 5 (d) Status of Education among Santal Households According to Broad Age Groups and Sex

Age Groups	Total Population		Illiterate		Literate Males			Literate Females		
	M	F	M	F	Continuing	Discontinuing	Total	Continuing	Discontinuing	Total
5 – 9	19 (100 00)	18 (100 00)	6 (31.58)	12 (66 67)	10 (52.63) (76 92)	3 (15 79) (23 08)	13 (68.42) (100 00)	2 (11.11) (33.33)	4 (22.22) (66 67)	6 (33.33) (100 00)
10 – 19	25 (100.00)	21 (100 00)	13 (52.00)	16 (76.10)	7 (28.00) (58.33)	5 (20 00) (41 67)	12 (48.00) (100 00)	3 (14.29) (66.00)	2 (9.52) (40.00)	5 (23.81) (100.00)
20 –24	10 (100.00)	14 (100 00)	4 (40.00)	7 (50.00)	3 (30.00) (50 00)	3 (30.00) (50 00)	6 (60.00) (100 00)	-	7 (50 00) (100 00)	7 (50.00) (100 00)
Sub-total	54 (100.00)	53 (100 00)	23 (42.59)	35 (66 64)	20 (37.04) (64 52)	11 (20.37) (35 48)	31 (57 41) (100.00)	5 (9.43) (27.78)	13 (24.53) (72 22)	18 (33 96) (100.00)
25+	53 (100.00)	42 (100.00)	27 (50 94)	33 (78.57)	-	26 (49.06) (100.00)	26 (49 06) (100 00)	-	9 (21.43) (100 00)	9 (21.43) (100 00)
Total	107 (100 00)	95 (100 00)	50 (46.73)	68 (71.58)	20 (8.69) (35 09)	37 (34 58) (64.91)	57 (53 27) (100.00)	5 (5.26) (18 52)	25 (26 32) (92 59)	27 (28 43) (100.00)

Note: Figures in brackets represent %age.

Table – 6 Option for Availing Educational Opportunities among Different Communities

Ethnic Groups	Total HHs	Both Boys	Both Girls	One boy and one girl
Brahmin	50	21 (42 00)	-	29 (58.00)
Chasa	50	31 (62 00)	-	19 (38 00)
Bauri	50	27 (54 00)	-	23 (46 00)
Santa	50	33 (66 00)	-	17 (24.00)
Total	100	112 (56.00)	-	88 (44 00)

Note: Figures in brackets represent %age.

Table – 7 Option for Availing Opportunity for Employment among different communities

Ethnic Groups	N	Boys	Any one who studies better
Brahmin	29 (100.00)	19 (65 52)	10 (34.48)
Chasa	19 (100.00)	15 (78.95)	4 (21 05)
Bauri	23 (100.00)	17 (73 91)	6 (26.09)
Santa	17 (100 00)	13 (76.47)	4 (23.53)
Total	188 (100 00)	64 (72 73)	24 (27.27)

Note: Figures in brackets represent %age

Table – 8 Total illiterates and dropouts in three age groups (5-9, 10-19 & 20-24) according to Ethnic Groups and Sex

Ethnic Groups	Total Population		Total illiterate and Dropouts students	
	M	F	M	F
Brahmin	42 (100.00)	36 (100.00)	12 (28 57)	20 (55.56)
Chasa	67 (100 00)	68 (100.00)	32 (47.76)	52 (47 06)
Bauri	74 (100.00)	49 (100.00)	41 (55 41)	42 (85 71)
Santal	54 (100 00)	93 (100 00)	34 (62.96)	48 (90 57)
Total	237 (100.00)	206 (100.00)	119 (50 21)	162 (78.64)

Note: Figures in brackets represent %age.

Table – 9 Factors Responsible for illiteracy and dropout among male and female members of different ethnic groups

Sl. No.	Factors	Brahman		Chasa		Bauri		Santal		Total			
		M (N=12)	F (N=20)	M (N=32)	F (N=52)	M (N=41)	F (N=42)	M (N=34)	F (N=48)	M (N=119)	Rank	F (N=162)	Rank
1.	Attaining adulthood/marriagible age	-	3 (15.00)	-	6 (11 54)	-	17 (40.48)	-	21 (43 75)	-	-	47 (29 01)	3
2.	Diseased parents/death of parents	2 (16 67)	2 (10.00)	3 (9.38)	7 (13.46)	6 (14 63)	9 (19.05)	1 (2.94)	6 (12 5)	12 (10.08)	8	23 (14 20)	7
3.	Engagement in economic pursuits at an early age	2 (16.67)	-	1 (3.13)	2 (3 85)	8 (19.51)	6 (14 29)	13 (38 24)	26 (54.17)	24 (20 17)	3	34 (20 99)	5
4.	Failure in class promotion	4 (33.33)	3 (15 00)	3 (9.38)	3 (5.77)	2 (4.88)	6 (14.29)	5 (14.71)	-	14 (11.76)	6	12 (7.41)	8
5.	Fear of teachers	2 (16.67)	-	8 (14 63)	-	6 (14.63)	-	3 (8.82)	3 (6 25)	19 (15 97)	4	3 (1 85)	10
6.	Helping parents in economic/household pursuits	3 (25 00)	6 (30 00)	12 (37 5)	11 (21.15)	13 (31.71)	21 (50.00)	8 (23.53)	11 (22.92)	36 (30 25)	2	49 (30.25)	2
7.	Illness of self	1 (8.33)	-	3 (9.38)	1 (1 92)	3 (7 32)	1 (2.38)	1 (2.94)	2 (4.17)	8 (6 72)	9	4 (2.47)	11
8.	Looking after younger siblings	-	2 (10.00)	-	9 (17.31)	4 (9.76)	18 (42.86)	9 (26 47)	17 (35 42)	13 (10.92)	7	46 (28.40)	4
9.	Poor academic career	3 (25.00)	2 (10 00)	1 (3 13)	1 (1 92)	-	-	-	-	4 (3.36)	10	3 (1.85)	10
10	Poor economic condition of parents	3 (25.00)	8 (40 00)	13 (40 62)	26 (50.00)	24 (58 54)	31 (73.81)	18 (52.94)	30 (62 5)	58 (48.74)	1	95 (58.64)	1
11.	Problem of searching educated spouse	-	5 (25.00)	-	9 (17 31)	-	6 (14 29)	-	8 (16 67)	-	-	28 (17 28)	6
12.	Society does not permit/Nobody educates	-	-	-	-	-	8 (19 05)	-	-	-	-	8 (4.94)	9
13	Unproductive expenditure	1 (8.330	7 (35 00)	3 (9 38)	6 (11 54)	5 (12 20)	18 (42 86)	7 (20 59)	18 (37.5)	16 (13.45)	5	49 (30 25)	2

Note: Figures in brackets represent %age.

Girl Child in Muslim Society: Some Observations on their Status and Role

Dr. Sekh Rahim Mondal

Key Words: Islam, Girl child, Human resource, Wastage.

Abstract: Children are the important assets of a society. But in actual social life the children, specially the girls are very much deprived. There are several socialcultural factors behind this gender bias, which has been historically developed, inthe patriarchal social set up.

According to 1991 census, the girl child population below the age of 14 years constituted about 19 per cent of India's total population. They have been suffering from various problems. The low status of girl child is inextricably linked with the low status of women. In India the status of girl child is not exactly the same among various communities. There is an intimate relationship between social environment and status of girl child.

Muslims are the followers of Islam, which has a definite notion about position of children in the society. In the notion of Islam both boys and girls are important for the society; thus there should not be any distinction and differentiation between welfare of boys and girls. Muslims constituted about 12 per cent of India's total population. Due to lack of research - studies we do not know much about the status of girl child in Muslim society.

This paper is an attempt to present a social profile of Muslim girl child with special reference to West Bengal. It has been observed that the girls in Muslim society live in a social environment, which denies their equal access to food, health care, education and other opportunities of life for self-development.

Introduction

According to Indian constitution child is a person who has not completed his or her 15 years of age. The girl child, whom we called today the lesser child is an important asset of a society. But unfortunately the girls in the society have been suffering from various problems. The status of girl child is inextricably linked with the status of women. There is an intimate relationship between social environment and the status of girls and women. In recent times various strategies have been taken to improve the status of girls, but the situation of the girl's life has not changed much. In India the status of girl child is not

exactly the same among various communities. Therefore, the studies on girl child among various groups of Indian society are very much necessary.

The present study is an attempt to examine the roles and status of girl child in Muslim society of India in general and of West Bengal in particular. The study is based on facts gathered both from primary and secondary sources. It is expected that this empirical study shall provide some basic information on social situation of Muslim girl child about whom we have a very limited knowledge.

A Note of Girl Child in India

According to 1991 census the girl child population below the age of 14 years constituted 40 percent of all women and about 19 percent of India's total population. As per 1991 census, 2 out of every 5 persons in India are child population. The sex ratio of each child age group and also for total child population reveals that at every stage of childhood the boys outnumbered the girls. The girls belonging to most of the Indian communities live in a social environment which denies their equal access to food, health care, education and simple human dignity. Traditionally a differentiation between boys and girls has received social and cultural sanction amongst most of the Indian communities. There are several socio-cultural factors behind this gender bias, and that has been developed in most of the patriarchal communities.

The principles of gender equality and gender justice have been the basics of contemporary Indian thinking which is also ensured in the constitution of our country. India prepared a National Plan of Action of Child (1992) to remove the gender bias and to improve the status of girl child. The SAARC organization has also formulated an action plan for girls in South Asian countries and declared 1991-2000 as SAARC Decade of the Girl Child. The major concern of these action plans for the girls are to provide them equal opportunities for survival and development (Devasia : 1991; Government of India : 1990, 1995).

Islam and the Girl Child

Islam does not make a distinction between the life chances of a boy from that of a girl. Islam advocated the positive roles of the girls and recognized their significance as well as importance for the need of society. The status of girl child in Islam has taken

for granted to be equal to that of a boy. It has given the girls the rights and privileges. In the notion of Islam both boys and girls are important for smooth functioning of the society; thus there should not be any discrimination between welfare of the boys and the girls. Islam is a religion which has placed knowledge at the highest level of human endeavour. Prophet suggested seeking knowledge from cradle to the grave. Islam thus encouraged education both for boys and girls. Girls have the same right as boys in the acquisition of knowledge without distinction. An educated girl can play positive role in bringing significant advantages to her parent's and future husband's family. An educated girl can face the challenges in life without depending upon the mercy of others (Ahmed, 1982; Islahi, 1978).

Though Islam admits the equality of boys and girls (as well as men and women), yet in practice inequalities between them is quite conspicuous in Muslim society. According to 1991 census, Muslims constituted 12.12 percent of India's total population, while in West Bengal the Muslim population was 23.61 percent of its total population. But due to lack of research studies we do not know much about the status of girl child in Muslim society.

Girls in Muslim Society: Some Empirical Observations

The Unwanted and Neglected:

The cultural environment of patriarchal Indian society welcomes the boy and fears the birth of the girl. This is also true for Muslim society in India. A girl is born into indifference and reared on neglect. She is grown in a social environment with full of prejudices and socialized in a web of cultural practices that affect her individuality and mould her into a submissive, self-sacrificing daughter, wife and mother. She is trained in such a way that her labour should ensure the well being of the family. This affects her personality, freethinking and style of living. From the day of her birth, a girl is viewed as a burden and a liability.

In patriarchal Muslim society son is considered as an economically, socially and ritually desirable. They are considered as essential for succession of property, continuation of lineage, economic support of parents and also for performing the family rituals. While the girl is considered as a drain on the part of her natal family and a burden with no hope of any return in future. Dowry is prevalent in contemporary Muslim society.

Thus at the time of marriage of a girl her father should have to pay the dowry (dahaj). Under such a situation a social value has been developed that a girl is a liability and son is a valuable resource. The desire for a son under patriarchal Muslim social system determines both the quality and quantity of investment that parents make in their female child. Thus a girl is likely to receive less attention from her family.

The low status of the girl child is closely linked with the low status of woman. It has been noted that in a Muslim family, a woman who has daughters, try to raise her social position by giving birth to a son. And following the tradition, the woman who has the desire to produce son, observe fast (Roja), pray Namaj and even visits the sacred places i.e. pilgrimages and Dargas.

Birth of Boys and Girls - Celebration verses Silence:

Even though gender equality is granted in Islam, the Muslim girl child, especially in weaker sections, is being unfairly discriminated. When a boy is born, the parents poor or well to do, celebrate the event lavishly and if the newborn is a girl, every thing is in low key.

In Muslim families the birth of the first child is normally greeted with warmest demonstration of unaffected joy. In the case of new born there is not a question of being a boy or a girl, the news of birth goes to all kinsmen, particularly after the first birth. But when a male child is born, specially, when the child is the first issue, there is often much rejoicing. As per traditional social custom, azan (Summon to prayer) is called, not for prayer, but to proclaim the birth of the male child. Actually much more is done when a boy is born and the people greet boy's birth with enthusiasm and joy.

Many Muslim households are rather sad when a girl is born, but never when a boy. The people greet girl's birth silently; thus there is no special custom when a girl is born. In the case of girl child some times new mother gets no proper food. Under patriarchal value system most of the Muslim people have the notion that a girl is some one else's property; thus the parents think they first have to raise her and have to gather money for her dowry (dahaj). As a result of which people do not observe any function of merry making, when a girl is born. Owing to all these value system people do not do anything special when a girl is born.

From various government reports and research studies (Engineer, 1985; Mondal, 1994) it has been proved that the Muslims are a backward minority in India. Thus among poverty striken Muslim masses, where resources are scarce, parents usually ignore the needs of the girls, viz. nutrition, health care, education and other opportunities.

It has been noted that there is a widening gap between male and female literacy in Muslim society. The female employment among Muslims is also low. On the basis of NSS data, it was estimated that the literacy rate of Muslims in India was only 40.95 percent (male 49.70 percent and female 32.20 percent). The work participation rates (WRPs) for Muslim males in rural and urban areas were fairly high. But WPRs of Muslim females were subsequently lower in both rural (19.6) and urban (11.4) areas.

Among Muslims the ratio of females to males has been declining steadily. The sex ratio of Muslims according to 1991 census was 930 females per 1000 males against 937 recorded at the previous census of 1981. The sex ratio of the female is low not because fewer females are born, but because many more are allowed to die due to neglect. The low value attached to the girl child leads to neglect and continued neglect leads to death. The total Marital Fertility Rate of Muslims was 5.77 but the mean number of live births for Muslims was 3.51 (Sharif, 1993; Siddiqui and Hussain, 1998).

A Smaller Share

The girls usually get the small share and this begins since the time of birth. It is observed that a girl is likely to be fed less than the boy. This is even noticed in the case of breast fed which is usually of a shorter period than the boys. The desire for a son after a daughter's birth forced a mother to discontinue breast-feeding for another pregnancy. Once the next child born and if he is a boy, the elder girl child gets even less of her mother's attention. It is a common practice that the boys eat better than the girls. This is a noticed not only in the context of nature and quality of food, but also in timing of the meals. The boys usually take their meal or food before the girl. They are most likely to be given delicious and better items and as a result the girls are deprived. The girls are usually eating their meal late and continue to eat the same unvaried diet at home. They even eat much less food than their growing bodies need. As a result the girls fall in to a cycle of malnutrition and that continuous through out their life with lot of problems. It has been observed among the Muslims of rural and urban slum areas that the children below the age of 5 years, particularly the girls, suffer from malnutrition

more often than the boys. The reason behind this is not only the poverty and lack of food but also the value attached with the girl child.

The girls usually eat less. Their poor malnutritional status leads to anemia and other nutritional deficiencies. These expose them into several diseases and infections with ill and weak health as a cronic problem. The neglect in treatment is quite visible in the case of girls. Only in educated well to do Muslim households girls are seriously treated for illness. In the event of illness a vast majority of Muslim girls are treated with the helps of local less qualified doctors. The access to essential medical care for girls is significantly lower and which is reflected in attendance and admission figures of hospitals and health centres of the Muslim localities (Mondal, 1997).

Parda and the Barrier of Gender

As per cultural norms of the Muslim society, when the girls approache puberty, there has been a series of injunctions imposed on them in the sphere of dress, talk, walk and behaviour. The more their body acquires womanly attributes more they are required to observe parda (seclusion) and exposed to shrink into herself. Their movements and associations are strictly curtailed to preserve the family honour and also to maintain their virtue. During this phase, girls are often withdrawn from school leading to wastage in education and loss of literacy. The girls who continue their education after puberty, face a series of restrictions on their movements such as the need to be back at home in time, to limit their educational and vocational choices and there by causing a barrier to their gender development (Mondal, 1979).

Socialization and Subjugation

The traditional sex rates and power structure of the family emphasized that the girls are different from the boys. The centuries of women's subjugation perpetuates the traditional relationship of male domination and female sub-ordination. As a result the girls are socialized by following a model to develop them as "ideal women" of self-sacrificing ladies . The learning of role behaviour starts from family and continues to schools and other institutions. The social system as a whole and even the modern medias encourage girls to be accommodative, submissive and feminine. For various reasons the social environment of Muslims does not allow them to think of new kind of roles for the girls, like self confident, competitive and

capable of taking risk achievements and struggles. Although Islam has conferred some rights and privileges for the girls and equated them with the boys, yet there is little awareness among the Muslim masses for various reasons. (Begum Rokaiya, 1992).

Industrious but Invisible

The value of girl child is based partly on social reality and partly on myth and related to the disparities in male-female stereo-type and differences in marriage costs for boys and girls. The prevalence of dowry continues to dictate the low status of girls. This status is further depressed by the myth that girls do not contribute to their natal home, moreover they are the double burden.

But the reality, is however, different. Although the labour of young children of both sexes is exploited in different ways by the family, yet the participation of girls are even worse off than the boys. Young girls in Muslim households work long hours at home and even as wage labour, but their work is either not visible enough or is accorded such low value that they are viewed merely as family responsibility. It has been observed that a girl works nearly 10 hours per day on an average, through out the year except illness, and provides the family with free labour. The patriarchal value system, which operates in the family, justifies the domestic labour of girls by explaining it as an unproductive member's contribution, and which the girls should know and must do for her future family life. It is this belief that impels mothers to demand a great deal of help from their daughters. Muslim girls in poor households face a serious problem when the economic crises overtakes the family. During acute crisis, they are normally allowed to work as child labour in various home based industries or in other's home as maidservants. In Bengal many Muslim girls are engaged as wage labours in several cottage industries like tailoring, knitting, bidi making, choir works and embroidery. They mostly work through out the day but the return is meagre. The unhealthy atmosphere of work place creates permanent damage to their eyes, lungs, mentality and aspiration as well. Those works of the girls are repetitive, ill paid and unskilled. Their work does not lead to the formation of any skills and exclude them from alternative better earning. Their long working hours prevent schooling and literacy and create barrier to technological knowledge. Due to low pay, low skill, and low status of work, the girls remain economically dependent on their family, perpetuating their life long subordination to father, husband and son. A study was conducted among the jari embroiders of West Bengal. It was noted that among the child artisans 27.27 percent were the girls (Mondal, 2000).

Another study on economic participation of Muslim girl child in West Bengal revealed that, in an average 8.88 percent of the rural Muslim girls were engaged in earning (Begum, 1998).

Poverty forces the girls to work but cultural tradition ignores their contribution, and illiteracy prevents them from seeking better work in organized sector. Working almost entirely at home they are not aware of wage rates and other rights. For working girls there are no minimum wages, no maximum working hours, no provisions for health care and education. They only work on the basis of piece-rate system. The child labour laws do not protect them due to their isolation.

By and large the girl child rights remain invisible even in the family. The parents do not recognize the girls contribution in domestic works, since it is usually seen as part of their mother's duty where the girls are learner, thus can not be given an independent value.

The women and girls together contributes the bulk of services necessary for running the domestic activities. As these works are invisible so these have no recognizable monetary value. As per traditional division of labour based on sex, all minimal, household and child rearing tasks fall in the hands of women and these are accepted by girls as their natural task owing to the value system which they learnt from the family. The tyranny of the household works takes over a girl's life as soon as she can perform the simplest task. Actually the girls are shouldering nearly 50 percent of the domestic works of a household. The girls between the ages of 6-14 years not only sweep, wash, store water and fuel, but also look after younger siblings and livestocks. Some also worked to earn a wage and help their parents in home based piece rate work at home. (Begum Rokaiya, 1998).

Wasting A Human Resource

The intellectuals and planners in India have a vision that for Indian girls and women, education has been seen as the catalyst that would give them justice, dignity and equality. But in reality there is no remarkable success in this endeavour. The school enrolment of girls is still low and the problems of drop-out is acute. Only a small percentage of girls complete school education to go on to higher education. On the basis of National Sample Survey data it was estimated that in rural India among the

Muslim girls only 32.8 percent of 5-9 years, 37.0 percent of 10-14 years and 8.8 percent of 15-19 years were attending educational institutions. While in Urban India the corresponding figures were 52.1 percent, 53.6 percent and 19.3 percent respectively (Sharif, 1993).

On the basis of empirical studies, Begum Rokaiya (1998) noted that among Muslim girls of rural West Bengal, 81.74 percent of 5-9 years, and 80.37 percent of 10-14 years were attending school. Thus on an average only 58.35 percent of Muslim girls in West Bengal were in school.

The gender disparity among Muslims is perceptible. The literacy and education among Muslim girls is dismal and discouraging. About 1/4th of Muslim girls have access to formal education. It is a popular fact that poverty is a bane of Muslim society and it is this factor along with many other factors that prevents the participation of Muslim girls in education. The greater incidence of infant mortality is due to poor educational status of Muslim women. The value of education for girl child has not been realized by the Muslims. The Muslim girls are admitted to the school at the age of 7 years and normally allowed to study upto 12 years. Within the few years after puberty many of the rural Muslim girls are married off. The mean age at marriage of the Muslim girls in West Bengal was estimated to be 16 years. All these caused shocking drop out rates in the school. In many cases the Muslim girl child ends by becoming a high school drop out. The lack of education among Muslim girls gives rise to economic and social backwardness. The father spends very little on the Muslim girl child's education as she is considered potential drain to the bank balance. According to prevalent value system, the girl child is a liability. The question of educating the Muslim girl can not be totally detached from either the question of educating all the girl children as a whole or of educating all the children of India together. Elementary education has been declared as a Fundamental Right by the Supreme Court for the children in age groups 5-14 years. Since elementary education is universalized, the problems of low enrolment, high drop-out, and high level of illiteracy of Muslim girl child or of Muslim children as a whole must be solved with in the National Frame work. (Sahabuddin, 1999).

Conclusion

The above noted observation have thrown some light on certain relevant aspects of role and status of girl child in Muslim society. Islam admits the equality of boys and girls, but in real social practice the girl gets a meagre share of family's affection and resources. The negligence of the girl child affected not only the individual girls, but also the vast human resources of the Muslim society and of the country as well. In day to day family life there has been a social acceptance of girl child's neglect. The negligence begins within the four walls of home by denial of her basic rights. This discrimination has its root in social and cultural values that spring from the patriarchal and patrilineal ethos. In recent time some changes have been noticed in role and status of girl child in Muslim Middle class families, but not in the community as such.

Four decades after independence and more than a decade after a National policy for children and a National plan for development of women, the situation of Muslim girl child has not changed much. The effect of ICDS networks has not yet reached most of the Muslim families for ignorance and various other reasons. The similar situation also persist among the girls of other Indian communities, particularly among the backward sections.

An integrated and holistic approach is essential for creation of a new social environment in which girl can be valued and nurtured. The efforts to give the girls child her due requirements and to allow her to evolve full potential, requires a process of social mobilization. Sustainable economic development, formal schooling, non-formal education, extension of child development programmes that conforms local needs and widespread awareness of values and rights of the girl are some of the ways through which we can empower the girl child to enter into the mainstream of social activities.

The problems of girl child among Muslim and other communities are a national problem. Therefore, there should be a conscious endeavour to improve the social position of the girl child. Changing notion towards gender roles is very much important for improving the status of girl child. The responsibility of awakening the Muslim and other people to improve the position of their girl child should be shared both by Government and non-Government organizations.

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Problems of Disabled Persons and the Law

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Key Words: Disabled, law, human rights.

Abstract: In the developing countries, malnutrition, unhygienic surroundings, endemic diseases, and lack of basic knowledge about hygiene and inadequacy of basic medical facilities generally cause disability. Since poverty involves all these causes three-fourth of the total disabled population of the world is concentrated in developing countries. So long as the majority population of these countries is not elevated above the poverty line, this problem will continue to be aggravated.

An Overview

The spectre of disability has haunted the mindsets of public since pre-historic times. The anthropological and historical studies on disease revealed that there was a linkage of disease with moral imperfection and this influenced the social attitude towards the disabled. In India the approach towards disability and its curative aspects has been inextricably linked with religious as well as cultural norms and practices. Social perception of such persons have evolved more humanitarian concern since ancient time.

Budhayana lays down (Usha Bhatt. 1984, The Physically Handicapped in India: A Growing National Problem, Bombay, Popular Book Depot, p-93) they (kings) shall support those who are incapable of transacting legal business viz., the blind idiots, the disabled and so on (Usha Bhatt).

Manu (cited by Bhatt, 94-96) says kind should always give gifts and do other kinds of charities to one who is affected by diseases of affliction. But their rights to social equality were never recognized.

Four distinct determinants of social attitude towards disabled persons are noticeable throughout the history of mankind: (i) exposure and elimination, (ii) care and patronage, (iii) education and (iv) vocational training and social assimilation (Usha Bhatt). This

attitude ultimately led both international and national forums to confer protective rights on the disabled persons. Thus a legal control mechanism has been developed for social assimilation of the disabled by grant of protective rights.

Anthropological Construction of Disability

Now an attempt would be made to delineate various stages of anthropological evolution through which the attitude of society has undergone changes. Finkelsteina (1980) and Jenkins (1981) maintain three phases of societal attitude towards disabled persons (DPs). But in India we may accept the postulation of Usha Bhatt (1963) who regards mainly four stages of social attitude towards disability. These are briefly stated below:

Four Stages of Social Attitude

1) Exposure and Elimination (3000 BC to AD 1300)

Most of the primitive tribes were quite accustomed to discarding their disabled children on the ground of physical unfitness. Greek practice of abandoning disabled children to die of exposure is a historical fact (Usha Bhatt). The most common justification cited in support of infanticide of disabled infants is the ingrained belief that they represent an evil spirit. However there were some exceptions among Andamanese, Bushman tribes of Africa, Mongals etc. Babylonians and Hebrews perpetuated a discriminatory attitude and banned the entry of physically disabled people to the Court. Athenian allowed their disabled children to die of cold and neglect.

2) Care and Patronage (1300-1800)

The immediate stimulus for this approach came from the preaching of two religions - Christians in the West and Buddhist in the East. Throughout this period a primary impulse behind helping the disadvantaged was the belief that offering assistance to such people would contribute to the virtue of the donor to ensure salvation of the soul.

3) Education and Vocational Training (1800-1900)

In this stage social perception of disability begins with the emergence of Era of Renaissance. Study of Anatomy and medical advancement were observed during this period. A number of institutions for the disabled were developed and the 1st institution was established in 1780 in Switzerland by Jean Andre Varrel. Medical inventions such as, Orthopedics, X-Rays of Roentgen (1875), Louis Pasteur (1860) Bacteriology were some of the exemplary ones. These advances in clinical and laboratory medicine in 19th century had far reaching implications for social status of disabled people in the World.

4) Social Assimilation (1900-2000)

Despite development of medical science social attitude towards D.P. remained unchanged till middle of 20th century.

They were still regarded as objects of pity and charity. After 2nd World War a new direction to rehabilitation measures for the disabled was developed. These are:
(i) Medical stage (1935-45) (ii) Vocation stage (1935-55) (iii) Psychological evaluation stage (1955-70) (iv) Psychological developmental stage (1955-79) (v) Psycho-socio-political stage (1970-to present time).

Disability - A Definitional Discourse

The concept of disability is intrinsically linked up with various faces of human life, viz. medical, economic, legal, bureaucratic, psychological and sociological. Now the question arises what do we imply when we say that someone is disabled. There is no simple way of defining disability. It can be perceived from disease perspectives. It therefore, requires to examine the ways disability is defined. The term disabled could be broadly analyzed in the following five ways (Peter Townsend, 1982):

Firstly, there is anatomical, physiological or psychological abnormality or loss such as persons who have lost a limb, or part of member of his body or became blind or deaf or paralyzed.

Secondly, there is chronic clinical condition altering or interrupting normal physi-

ological or psychological process, such as, bronchitis, tuberculosis, epilepsy, schizophrenia and mental depression.

Thirdly, disability is generally taken for granted as the functional limitation of ordinary activity, whether that activity is performed along or with others. The simplest illustration is incapacity of the persons to perform his ordinary activities such as walking, negotiate stairs, wash and dress.

Fourthly, disability can be viewed as a pattern of behaviour, which has particular elements of socially deviant kind. This pattern of behaviour can be, in part, directly attributed to impairment or pathological condition - such as, a regular physical tremor or limb or occasional bit.

Finally, disability means a 'socially defined position or status'. The actor not only just acts differently but also occupies a status, thereby attracting a mixture of difference, considerations and indifference.

However, the conceptual framework of WHO based on the work of Wood (1980) attempted to resolve the definitional problem of disability by devising the familiar taxonomy which has been adopted for global use by the WHO as follows:

Three Basic Terms

IMPAIRMENT	(Intrinsic situations; exteriorized as functional limitations)
DISABILITY	(Objectified as 'activity restriction')
HANDICAP	(Socialized as 'disadvantaged')

Source : M. Burry "Disablement in Society",

Besides the aforesaid medical approach there are other scholars who attempted to define disabled: Among those scholars Barkar (1953), Albrecht (1976) and Rossler

(1978) belong to psychological school. Barkowitz (1979) Jeffroy Rubin (1982) Howard (1980) belong to economic vocational approach. Bowe (1980) and Oliver (1983) belong to socio political approach. However, all the disabled persons may roughly be divided into two main categories - namely (i) orthopedically disabled and (ii) the sensorially disabled. It may be further divided into the following sub-categories:

i) Orthopedically disabled
ii) Visually disabled
iii) Hearing impaired
iv) Speech disabled (dump) and
v) Mentally retarded

Now let us look into our national law, namely the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which came into force. According to section 2(i) Disability means -
(i) blindness; (ii) low vision; (iii) leprosy-cured; (iv) hearing impairment; (v) locomotor disability; (vi) mental retardation, (vii) mental illness.

Again according to section 2(t) 'persons with disability means person suffering from not less than 40% of any disability as certified by a medical authority.

Problem of Disability - Global and National

The dimensions and the incidence of disability are indeed very intriguing. Accordingly to a UN estimate (1983) more than 500 million people in the World suffer from physical, intellectual and sensory disabilities. This figure is approximately equal to the entire population of Europe and the combined population of the USA and USSR. The proportion of disabled people to the rest of the population is calculated to be one to ten. It is further reported that the developing and underdeveloping countries have the lions share of the disabled population of the world. As many as about eighty percent of all disabled population is reported to be concentrated in the rural areas of third World countries (1984). Consequently, millions of children and adults throughout the World are segregated and deprived of virtually all their rights and thus forced to lead a wretched and marginal life. This picture in more details may be seen in table 1 and 2. The Indian scenario is represented in table - 3.

Now if we look into Table I on "Causes of disability and estimated number of disabled people in the World, 1975 and 2000", it will be seen that among medical causes for disability highest percentage is malnutrition c19.3) and non communicable somatic disease. Again if we look into Table 2 on estimated number of disabled people in more developed (MDC) and less developed countries (LDC), 1975 and 2000, it will be seen that % of total disabled persons in relation to World population in L D C in 1975 was (76.9%) and in 2000 (83.9%) (estimated) in comparison with MDCs 23.1% and 16.1% in the respective years. As regards annual growth rate from 1975 and 2000 of DPs in MDCs it is estimated as on 0.74% whereas in LDCs it is estimated as 2.56%. These data therefore clearly established the fact that economic backwardness or the poverty of the people is the major cause of disability in this World. If we look into Table 3 on Estimated Population of Disabled Persons in India in 1991 it will be seen that on all type of disability the percentage of population in rural areas in all cases is more than the urban area such as in the case of visual DPs rural % of DPs was 83.27% but the urban rate was 16.73 only. Similarly in cases of Hearing, Speech, Locomotor, Physical DPs the percentage are 79.36%, 76.25%, 76.15% and 78.32% in rural areas. This data, therefore, also clearly established the fact that as the majority of the poor people of India live in rural areas so the number of DPs is more in rural India.

TABLE - 1 Causes of disability and estimated number of disabled people in the world, 1975 and 2000

Medical causes	Estimated disabled Persons		
	Percentage	In Millions	
		1975	2000
1	2	3	4
Congenital disturbances	7.7	40	60
Mental retardation (not all of these are congenital in origin)			
Somatic hereditary defects			
Non-genetic disorders	7.7	40	60
Communicable diseases	3.9	20	30
Poliomyelitis	0.3	1.5	2.3
Trachoma	1.9	10	15
Leprosy	0.7	3.5	5.4
Onchocerciasis	0.2	1.0	1.5
Other	7.7	40	60
Non-communicable somatic disease	19.3	100	149
Functional psychiatric disturbance	7.7	40	60
Chronic alcoholism and drug abuse	7.7	40	60
Trauma/injury			
Traffic accidents	5.8	30	45
Occupational accidents	2.9	15	22
Home accidents	5.8	30	45
Other	0.6	3.0	5.0
Malnutrition			
Other	0.4	2.0	3.0
TOTAL	100.0	516	774
Correction for possible double counting (-25%)		-129	-194
CORRECTED TOTAL		387	580
WORLD POPULATION		4000	6000
Annual growth rate of disabled people, 1975-2000: 1.63%			

Table - 2 Estimated Number of Disabled People in more and less Developed countries, 1975 and 2000

	MDCs		LDCs	
	1975	2000	1975	2000
1	2	3	4	5
	In Millions			
Total Population	1132	1360	2836	4897
Applicable disability prevalence Rate				
a) MDCs				
- Disability, all types and degree 10%	113.2	136		
- Severe disability - 6%	67.9	81.6		
b) LDCs (population living above absolute or relative poverty : 1904 million in 1975; 2967 million in 2000)				
- Disability, all types and degrees - 10%			190.4	269.7
- Sever disability - 6%			114.2	161.8
A) LDCs (population living at or below absolute or relative poverty : 1975; 2200 million in 2000)				
- Disability, all types and degrees - 20%			186.4	440
- Severe disability - 12%111.8 264				
Total disability				
a) Count (millions)				
- All types and degrees	113.2	136	376.8	709.7
- Severe disability	67.9	81.6	226	425.8
Total disability (percentage)				
b) % in relation to world population				
- All types and degrees			12.3%	13.5%
- Severe disability			7.4%	8.1%
c) All types and degrees as % in				
- MDCs			23.1%	16.1%
- LDCs			76.9%	83.9%
d) Annual growth rate in				
- MDCs			0.74%	
- LDCs			2.56%	

Table - 3 Estimated Population Disabled Persons in India - 1991

Type of Disability	Rural			Urban			Total
	Male	Female	Persons	Male	Female	Persons	
Visual	1.539 (46.15)	1.796 (53.85)	3.335 (83.27)	0.308 (45.97)	0.362 (54.03)	0.670 (16.73)	4.005
Hearing	1.409 (54.76)	1.164 (45.24)	2.573 (79.36)	0.339 (50.67)	0.330 (49.33)	0.669 (20.64)	3.242
Speech	0.942 (62.84)	0.557 (37.16)	1.499 (76.25)	0.298 (63.81)	0.169 (36.19)	0.467 (23.75)	1.966
Hearing and /or speech	2.009 (57.42)	1.490 (42.58)	3.499 (78.07)	0.557 (56.66)	0.426 (43.34)	0.983 (21.93)	4.482
Locomotor	4.396 (64.58)	2.411 (35.42)	6.807 (76.15)	1.370 (64.26)	0.762 (35.74)	2.132 (23.85)	8.939
Physical (at least one of the above)	7.442 (58.82)	5.210 (41.18)	12.652 (78.32)	2.078 (59.34)	1.424 (40.66)	3.502 (21.68)	16.154

International Level:

The seeds of legal protection of the disabled may be traced from the following international documents, conventions, organizations etc:

i) Universal Declaration of Human Rights.
ii) International comments on Civil and Political Rights.
iii) Declaration of the Rights of the Child.
iv) International Labour Organization (ILO).
v) UN Educational, Scientific and Cultural Organization.
vi) World Health Organization (WHO).
vii) UN Children Fund.

Recalling the principal of the aforesaid international documents the UN Declaration on the Rights of Mentally Retarded Persons, 1971 (2027th Plenary Meeting on 20th December, 1971) proclaims this declaration for the protection of following basic right such as :

1. to the maximum degree of feasibility, the same right as other human beings ;
2. right to proper medical care and to such education training , rehabilita tion and guidance as will enable him to develop his ability and maximum potential;
3. right to economic security and right to perform production work or to en gage any other meaninful occupation to the extent of his capabilities;
4. right to live with family and participate in community life;
5. right to a quality guardian to protect his well being and interest :
6. right to protection from exploitation, abuse and degrading treatment. If prosecuted recognition being given to his degree of mental responsibility;
7. to exercise all their rights in a meaningful way in proper legal safeguards based on social capability of the mental retarded person.

Almost on the basis of same principles andbearing in mind that certain countries, at the present stage of development can dev9ote only limited efforts to this end, UN proclaims Declaration on the Rights of Disabled person 1975 (2433rd plenary meeting , December, 19750 and calls for national and frame of reference for the protection of these rights. A brief outline of these rights may be noted hereunder-

1. These rights shall be granted without distinction or discrimination;
2. Disabled persons have the same fundamental rights as their fellowcitizen.

3. Same Civil and Political right as other human beings (except mentally retarded persons.
4. DPs are entitled to the measure designed to enable them to become as self-reliant as possible.
5. Right to medical, psychological and functional treatment, including prosthetic and orthetic appliances.
6. Right to economic and social security according to their capabilities to engage in occupation and join trade unions.
7. DP is entitled to have their special needs taken into consideration at all stages of economic and social planning.
8. Right to live with their families/foster parents.
9. DPs shall be protected against all exploitations, all regulation and treatment of discriminatory, abusive or degrading nature.
10. Right to legal aid in judicial proceedings.
11. Organizations of DPs may be usefully consulted in all matters regarding the rights of disabled persons.
12. DPs, their families and communities shall be fully informed by all appropriates means, of the rights contained in this Declaration.

Besides the aforesaid two UN Declarations, the other International, Instruments relevant on the rights of the DPs are -

I. UN Plan of Action for International year of Disable Persons 1981.
II. UN Decade of Disabled Persons, 1983-1992 - World Programme of Action concernings DPs.
III. UN Standard Rules on Equalisation of Opportunities for persons with Disabilities.

The International Instruments and Declaration on the disabled simply recognised equalisation concept towards ensuring that disabled persons can enjoy on an equal footing with other basic human rights. But the question of the protection of the human rights of disabled persons has a dual dimension. On the one hand there is the problem of specific legal guarantees and on the other hand, there is the acute problem of the lack of specific effective resources to eradicate such violation of human rights of disabled persons.

Moreover no provision has been evolved so far for any international monitoring

body so as to supervise the implementation of various regulations for the protection of the human rights of disabled persons. Thus the main task of integrating and rehabilitating disabled persons rests with the respective member status. Therefore, let us look into India's National Law and the disability scenario.

National Level

A meeting to launch the Asian and Pacific Decade of Disabled Persons 1993-2002 convened by the Economic and Social Commission for Asia and Pacific was held at Beijing on 1st to 5th Dec, 1992 and that meeting adopted the Proclamation of full Participation and Equality of People with Disabilities in the Asian and Pacific Region. This Proclamation was signed by India also and to give effect to that Proclamation our Parliament passed The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. The said Act contains total 74 sections in Fourteen chapters and assented by the president of India on 1st January 1996.

The chapters deal with following aspects :-

Chapter I Preliminary (Ss. 1-2)
Chapter II The Central Coordination Committee (Ss. 3-12)
Chapter III The State Coordination Committee (Ss. 13-24)
Chapter IV Prevention and Early Detection of Disabilities (S. 25)
Chapter V Education (Ss. 26-31)
Chapter VI Employment (Ss. 32-41)
Chapter VII Affirmative Action (Ss. 42-43)
Chapter VIII Non Discrimination (Ss. 44-47)
Chapter XI Research and Manpower Development
Chapter X Recognition of Institution For persons with Disabilities (Ss. 50-55)
Chapter XI Institution for persons with severe Disabilities (S. 56)
Chapter XII The Chief Commissioner and Commissioners for persons with Disabilities (Ss. 57-65)
Chapter XIII Social Security (Ss. 66-68)
Chapter XIV Miscellaneous.

Now if we look into the legal framework of the Act of 1956 it will be seen that the legislation stresses more on civil rights aspect of the disabled rather than individual problems, needs and implementing process. The realization of the legislative goals requires efficient and dedicated agencies and the officials to undertake the tasks with sincerity and commitment. There should be a special cell in the respective Department of the Government, which may oversee the day to day redressal of the grievances arising out of the violation of the basic rights guaranteed to the disabled persons. The installation of ramps for disabled persons in public buildings, schools, polling booths etc. or availability of wheelchair in the public places or reservation of seats in public vehicles etc. should not be construed as the recognition of special privileges on their behalf. The realities are that the disabled community is still far way from the goal of being integrated into the society and gross violations of their rights as recognized in the Act of 1995 appear to be on the increase. This fact assumes special significance in a developing country like ours where around 800 million population still lives at the margin of existence, enduring hunger, sickness, homelessness and lack of regular employment. Therefore these are certainly some impediments to realize the goals of the legislation.

Impediments

Several factors may be held responsible for the increasing population of the disabled and their relegation. It is because of these factors that the rehabilitation process has not been able to achieve the desired results. Wilson however, observed: "Of course, it is not poverty itself but the conditions surrounding poverty that lead to disability (Wilson, 1983, 10). Ironically, the production of foods and other necessary items in these countries has not kept pace with massive growth in disabled population. Besides this there are other impediments in our country, which are hindering implementation process of the legislative goals. In brief, these are :-

a) Ignorance and Illiteracy;
b) Neglect in the Immunization Campaign;
c) Man Power Problem;
d) Problems concerning Rehabilitation Technology;
e) Lack of Political and Administrative will-power;
f) Lack of Commitment;
g) Social Barrier;
h) Lack of well connected Definition;

Concluding Remarks

The disability rights movement which gathered momentum since the years following 1970 and particularly in 1980s the activities received a big boost with the General Assembly designating 1981 as the International Year of Disabled Person (IYDP). The observance of the IYDP lay in providing full participation of persons with disabilities in their social inter-actions. The General Assembly further proclaimed the period 1983 to 1992 as the United Nation Decade of Disabled persons to encourage policy makers, planners, legislators and others to adopt enlightened disability policies so as to be implemented within a time frame. Thus the World Programme of Action has explicitly, legitimized the rights of persons with disabilities to equality of opportunities, thereby extending the horizon of human rights.

Following the UN instruments of human rights, India has taken various measures for the physical and vocational rehabilitation of disabled persons. These measures include the opening of special employment exchanges, vocational Rehabilitation centres, and job reservation in identified positions at all levels of State Governments, Public Sector Undertakings and Autonomous Bodies, financial assistance to the disabled for their physical and vocational rehabilitation and granting of incentives to the employers.

The recent legislation of 1995 is designated to protect the rights of the individuals with disabilities. The Act calls for a clear and comprehensive national mandate for the elimination of discrimination against disabled persons. But it would be too early to evaluate its effectiveness particularly in the background of India's economic condition. Poverty is, as revealed from the data, the major determinant of disabilities in several Third World Countries like India, where it manifests itself in various forms and affects health policies, housing, sanitation water supply, unemployment and under-employment, low educational limb, population explosion, ever-rising inflation and burdensome government. The result is despite so many measures taken by the Government of India and the State Governments, persons with disabilities are still, faced with multitudinous problems in diverse areas of their lives and their hope of becoming part of the mainstream of the society is still far away as ever.

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An Anthropological Approach to the Study of Disability: A Brief Review

ARUPENDRA MOZUMDAR & SUBRATA K. ROY

Key Words: Disability, Culture, Interpretation, Biomedical, Socio-economy.

Abstract: The study of disability is relatively a new subfield and very little work has been done in the developing countries especially in the Indian subcontinent. This is basically an emerging cross-disciplinary focus in which disability is a socially constructed concept, the meaning of which obviously vary both historically and across cultures. This cultural interpretation of disability contrasts with the concept in bio-medical perspective in which disability is a form of physical impairment. The present article is an outcome of literature survey on the issues of disability. The article begins with the mythological and historical documentation of the disability, followed by a brief discus sion on the various disciplines engaged in the study of disability and their interests in the subfield. In course of a brief literature review, emphasis has been given on anthropological studies on the disabled persons. The various causes, which generally enhance different kinds of disability in the population, have been noted. The Indian scenario of the causes of disability is altogether different in nature than abroad. The population suffering from physical disability and the rate of incidence in a year in India and abroad is a good numeric portrayal to say why governments and scientists are giving priority to the study of disability. The statistics of disability have been given for India in general with a little reference to West Bengal. The article is concluded with the possible areas of study where anthropologists can approach and little remedial measures, which could be taken into account for combating the disability problems in the society.

INTRODUCTION

The study of disability is relatively new field and an emerging trans-disciplinary study. Researches on disability are in its early stages in most of the developing countries especially in the Indian context. The recent comparative and international interest in the researches on disability is galvanized by the immensity of the Third World health concerns, refugee crises, war crises and so on.

Now, let us look into the concept of disability. There are a number of definitions of disability firstly, universally accepted definition given by WHO should be taken into consideration. International Classification of Impairments, Disabilities and Handicaps (ICIDH) defines disability as "any restrictions or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being." (WHO, 1980). On the contrary, a few commonly used terms need clarification before going into further discussion. We often use the terms

like 'impairment' and 'handicap' synonymously with disability. There are obviously some conceptual difference between/among those terms. Impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function and that leads to disability. Whereas the handicap is a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal for that individual depending on age, sex, social and cultural factors (WHO, 1980). Thus a disabled person due to some impairment encounter cultural, physical and social constraints which prevents his/her access to the various systems of society and limits the opportunities to take part in the life of the community on an equal level with other fellow citizens, and become a handicapped.

However, the biomedical perspective (WHO) contrasts with cultural interpretation, in which disability is a socially constructed concept, anthropologists consider, that the meanings attributed to body form and function varies both historically and across cultures. Cultural values and ideologies shape the social consequences of disabling conditions. In different social contexts, disability is interpreted through civil and political regulations, such as policies of clinical management and rehabilitation and the role of work place. The following example will be sufficient enough in understanding the problem more clearly.

(1) A leg amputee of lower socio-economic stratum refused to accept prosthesis in Calcutta because the man was afraid that once he fits prosthesis, people will no longer look/treat him sympathetically and it will ultimately effect his begging business.

(2) I know a young man who is now appearing in the higher secondary exami nation this year. This man has slightly deformed leg (reported to be birth defects), which was curable during his childhood if proper treatment was given. But his father did not do that in view that he would be able to obtain a handicapped certificate from respective authority for his child, which will be beneficial for his child in terms of obtaining a job, free traveling etc. This child belongs to a middle economic stratum.

(3) Most of us are aware that Sudha Chandran is a leg amputee but she is a good dancer and presently she has overcome her disability and fully engaged with acting and drama. But in our society we consider her a handicap individual.

The first is the example of civil/social regulation, second is the example of the political regulation, a job has been reserved for the handicapped. And third is the example of proper use of the prosthetic limb, which is neither social nor political.

In our society, we often observe several kinds of impaired individuals, some are old and feeble, some of them are deaf, and some of them are deaf and dumb, a few are blind, a few of them have insufficient vision, a few people have a single kidney functioning out of a pair, or some of the individuals have lost any organs in some or the other way, which is not visible from outside. Do we consider each and every individual as disable? Because all the cases mentioned above are impaired in any way. The answer is obviously no, because the impairment, which can be touched visually, is our concept of disability. We have an image of a normal able-bodied individual in our mind. When we observe a lame man in the street, we try to compare that with able-bodied image and irregularities are easily detected. Here comes the concept of able-bodiedness. Able-bodied is in the sense of normal human body structure and function (gait, postural mobility, locomotion, etc.). When an individual lacks any of this criteria, we simply consider it as disable or not able-bodied and this concept has been used throughout the article. The valuable contribution made to the study of body concept was G. Frank's (1988) exploration of persons with congenital limb amputation. These individuals do not experience their bodies in terms of absence or deficiency nor do they always want to conceal or replace their 'missing' body parts. In practice, these body attributes may be purposefully displayed, transforming qualities that are both silent and silenced into vehicles for public attention and debate.

Disability in History

Now let us look back into the history of disability and prosthesis. Early historical evidences over deformed persons and concerns for their rehabilitation are difficult to interpret, but it is true that disabled individuals were there from the very dawn of human existence. It is quite unfortunate that there were no written records, the present interpretations are from orally recorded poems, songs, and sagas and from artworks and ruins. The direct evidences are from human skeletal remains, which unfortunately are at best capable of indicating locomotors disability only. In history there were evidences of surgery which leads to loss of limb i.e. amputation and rehabilitation (i.e. use of prosthesis). The foremost anthropological evidence of an amputee is a 45,000 years old partial human skeleton, now preserved in the Smithsonian Institution, which

shows that he was an upper extremity amputee (Wilson, 1978). Other evidences are found in 35,000 years old cave paintings in Spain and France, which show the negative imprint of mutilated hand. Paintings like these were also found in New Mexico, which suggest the practice of self-mutilation in religious ceremonies to appease gods (Friedmann, 1978). The first written record of prosthesis is found in Rig-Veda, the ancient Indian sacred script describing the Hindu way of life, written in Sanskrit between 3500 and 1800 B.C. It tells the story of a female warrior Queen Vishpla, who lost her leg in the battle, was fitted with iron prosthesis, and rejoined the battle (Sanders, 1986).

There were various reasons for disability in ancient times. Apart from congenital deformities, and diseases, war was often the traumatic cause of disability, even when taken as a prisoner. Amputation was used as a judicial punishment especially in the ancient cultures of Moche (now in Peru) and Arabia. Theft was punishable with the amputation of a hand, but if the thief could prove a motive of hunger, the village chief suffered the punishment. Both arms were removed for rebellion and legs for laziness. Ancient cultures also had knowledge of medical surgery for diseases such as gangrene, tuberculosis, and leprosy and advised surgery above the diseased area for healing. Religious ceremonies were another cause of loss of organs especially to appease gods, and show faith to kings and other leaders (Padula and Friedmann, 1987). In Mahabharata, Ekalabya offered his right thumb to his teacher (Guru) Dronacharya.

Social attitudes towards disability remain more or less same in these days as it was in past. Disability was often feared more than death in some cultures. It was believed that it not only affects the disable person on earth but also in the afterlife. Congenitally deformed babies were killed or ostracized because they were considered a functional liability or spiritually unclean.

However, from the beginning of the ancient civilization, there were attempts to rehabilitate the disable people, which was reflected by the presence of gods and goddesses who looked like disables in ancient cultures. In India, the statues of famous Lord Jagannath, Balarama, and Subhadra of Puri temple are physically devoid of complete extremities. The Jagua god of Peru, Aia Paec (Ai Apec) was an above elbow amputee. Tezeatlitoca, the Aztec god of creation was a right foot amputee (Padula & Friedmann, 1987). As a factual evidence of rehabilitation King Moztezuma II, an Aztec ruler established a special compound for the disabled people in his kingdom (Friedmann, 1978).

DISIPLINES ENGAGED IN THE STUDY ON DISABLES

The only solution to the problem of disability or not able-bodiedness is rehabilitation. Rehabilitation may be viewed in two ways (1) Physical and (2) Social. Physical rehabilitation primarily deals with the assistive technology (prosthesis, orthosis), in order to help the individual for proper mobility, social rehabilitation on the other hand deals with fitting the individual in the society in a congenial environment. Presently professionals from different disciplines are engaged in the rehabilitation program of the disable persons. The ultimate aim of specialized persons from most of the disciplines is the proper rehabilitation of the disable people. The professionals, who are primarily engaged in the rehabilitation of the program, are from the disciplines of Bioengineering, Ergonomics, Rehabilitation Sciences, Psychology and Anthropology.

Bio-engineers are playing one of the vital roles in improving the prosthesis technology continuously for physical rehabilitation of the disabled people. They are also trying to find out the proper material substitutes (wood, metal, petroleum products etc.) for the prosthesis and orthosis, which is used in place of deformed or amputated extremities. They are also trying to develop the mechanical prosthetic organs in order to make the organs more useful. Bioengineering knowledge is often helpful to understand the changes in physical properties of the body, when it becomes disabled (Duval-Beaupere and Robain, 1991).

The jobs of Agronomists are to some extent overlapping with Bio-engineers. But there are also some sharp distinctions. The study of locomotion is of great importance in the rehabilitation program. For example, the actions of people at walking is studied by the agronomists to make proper design of footwear, the causes of slipping resulting to accidents and understanding the working of normal legs in order to design the suitable prosthetic devices for disables (Oborne, 1986). Actually, agronomists try to fit individuals in such a way where maximum work-output might be obtained by giving minimum physical effort. Agronomists are helpful to determine the workspace designing for the disables (Nowak, 1989), in designing and fitting the mechanical equipment properly for the disable individuals (Kenward, 1971), and in finding the bio-mechanical constrains of disable persons undergoing rehabilitation (Curtis et. al. 1995) etc.

Rehabilitation sciences play one of the significant roles in disability rehabilitation programs. The major fields in this arena are physiotherapy, occupation-therapy,

psychotherapy, and social-welfare. All subjects under rehabilitation sciences study disability in order to enhance the ability of the disable person and guide them to live in the society like other normal citizens.

The researchers in psychology often try to find out the changes in personality and mental health of the disabled persons while dealing with normal and vice-versa which is another important field of research in Psychology (Kleck and Strenta, 1980; Snyder et.al. 1979).

Anthropological researches on the disables are much recent than other disciplines. Most of us are aware that anthropology is a holistic science which does not consider the individual but the community as a whole. Anthropologists are interested in both physical and social rehabilitation of the disable people eg. general health problems of the disable people, social/cultural values associated with the prosthetic organs (its colour, texture, physical appearance etc.). The anthropometric survey on the disables was especially done by Laubach et al. (1981), Goswami et. al. (1987) in order to help the bio-engineers. Much of the social-rehabilitation work has been done by Murphy (1987), Groce (1988), Deshen (1992).

The anthropological research work on the health problems of the disabled people began in way back 1960's. Damon and Stoudt (1963), Knight (1965) did functional anthropometry of the disabled people. Variation of disability of wheel chair users was done by Nichols et al. (1966). Later on in 70's and in 80's several works had been done on the topics like: anthropometry of wheel-chair disabled persons (Chung and Weimer, 1989), the utility of anthropometry in the rehabilitation of the disabled patients, nutritional anthropometry of the non-ambulatory persons (Chumela et al., 1984), physical ability of the disabled people (Bergstrom et al. 1985), functional outcome of the rehabilitation, etc. (Granger et al. 1979; Laubach, et al. 1981; Snyder, 1977; Hobson et al. 1987).

A lot of work came out in the 90's revealing the health problems of the disabled patients. These researches also unfold many new dimensions of the anthropological researches on the disabled persons. The important publications consist of new methods and formulae to assess the health of the amputee patients (Tzamaloukas et al. 1994; Ward et al. 1995; Chumela et al. 1994; Nowak, 1997; Goswami, 1997; Das and Kozey, 1994; Jazem and Gledhill, 1993), the utility of the anthropometric data for the rehabilitation of the disabled people (Nowak, 1992, 1996; Jarosz, 1996; Hobson and Molenbroek,

1990; Brown et. al. 1995), functional outcome of the amputee patients (Treweek and Condie, 1998), morbidity pattern especially cardio-vascular diseases and its outcome (Traballest et al. 1998; Garrison and Merritt, 1997; Pell et. al. 1993) behavioural and psychological outcome of the amputee patients (Rybarczyk et al. 1992; Monforton et al. 1993) and the new way of enhancing the rehabilitation by the mutual aid of the previous and the recent amputees (Wells et. Al. 1993).

The Causes of Disability

There are various causes, which enhance the different kinds of disability. Many genetic disorders cause various kinds of physical and mental disability (Down's syndrome, Cerebral palsy, Archaeopodia, etc.). Many infectious (Tuberculosis, Leprosy, Polio, etc.), non-infectious (Cancers, Arthritis, etc) cardiovascular (Diabetes, Paralysis due to Cardio-Respiratory Disorders, etc.) diseases cause permanent physical impairment. The fatal activities can also lead to physical disability (eg. Atomic Radiation). Effect of drug is another prime cause, which also results in permanent physical damage (eg. Phocomelia). Apart from these, a large number of people specially in the Third World countries often experience physical disability due to traumatic reasons (such as accidents, warfare, burns, animal attacks, snake bites, etc.). Illiteracy, ignorance and misbelieve also exacerbate the disability.

The Current Situation

A large number of (about 500 million)-world populations are designated as disabled. This number is fast growing and confirmed by the results of surveys by experienced investigators. In most countries, at least one person out of 10 is disabled by physical, mental or sensory impairment, and at least 25% of any population is adversely affected by the presence of disability (UNO, 1992).

Indian situation is not far away from it. Latest report reveals that about 60 million Indian people are suffering from one or other type of disability of various degrees, which includes all kind of disability (Ministry of Social Justice and Empowerment, Government of India, 2000). India has about 16.15 million people suffering from at least one kind of physical disability (about 1.9% of the total population) out of which 12.37% of the individuals have more than one kind of physical disability. It has been

observed that among the different type of physically disabled persons, the frequency of locomotors disability is highest in both rural and urban areas, followed by the number of persons with visual disability and hearing disability (NSSO, 1991) respectively.

Table 1: Number of disabled person (1000)

	Rural		Total	Urban		Total
	Male	Female		Male	Female	
Physical disability	7442	5210	12632	2078	1424	3502
Visual disability	1539	1796	3335	308	362	670
Hearing disability	1409	1164	2573	339	330	669
Speech disability	942	557	1499	298	169	467
Hearing &/or speech	2009	1490	3499	557	426	983
Locomotors Disability	4396	2411	6807	1370	762	2132
Total (population)	326820	307537	634357	117121	104640	221761

Source: NSSO, 1991

Table 2: Number of disabled persons per 100,000 by sex

	Rural		Total	Urban		Total
	Male	Female		Male	Female	
West Bengal	2069	1484	1788	1690	1283	1505
All India	2297	1694	1995	1774	1361	1579

Source: NSSO, 1991

Table 3: Estimated incidence of disability (per 100,000) in a year

	Rural		Total	Urban		Total
	Male	Female		Male	Female	
West Bengal	71	57	64	49	45	47
All India	99	81	90	90	75	83

Source: NSSO, 1991

Possible Areas of study in Anthropology

Because of the holistic approach of anthropology, anthropologists may look into the problems of the disables very intensively, considering a wide range of determinants (physical, social and psychological) of disability. Disability is often looked at as a family burden in terms of economy and social status, which ultimately affects the society. Presently, the disables are trying to form a separate group and seeking their identity in order to help each other. The anthropological study and knowledge of these problems would help for proper rehabilitation of the disables. The rehabilitation management of the disable includes areas of interest such as prevention of secondary disability, postoperative care, physical therapy, health hazards after amputation, normalization of body movement, adaptive devices, psychosocial adaptation, physical adaptation and so on. Anthropologists have ample scopes in studying the psychosocial problems, health hazards after amputation and physical adaptation of the disables. The detection of specific problems makes the remedial actions possible.

Technological advancement has given the assistive organs (prosthesis or orthosis) for the disables. But there are several barriers between technology and the beneficiaries of the technology (disable), systematic anthropological studies would be helpful to eliminate the barriers. (1) Adaptation to the technology is not even for every disable person. (2) Technology must also fulfill the criteria of cosmetic appearance, occupational preferences and sensation of able-bodiedness (or a near approximation of it). (3) A large number of disables are not accepting the technology due to the social/cultural values and ideologies. (4) Attitudes of the society towards prosthesis user.

There are several causes of disability in India, systematic epidemiological studies on disability would be helpful in screening and counseling for the prevention of future disability in the country.

The disables generally face several restrictions in every sphere of life, systematic anthropological studies are necessary in unfolding the values, morals and attitudes associated with such restrictions. The rehabilitation of the disables could only be possible by their 'full participation' in the social life and confirming the equal opportunities like other members of the society.

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Problems of Disable Children with Mental Retardation : Imperative need of Strengthening Indian families with the help of Parents Association.

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Key Words: Mentally retarded, Family, Parents, Siblings

Abstract: Here in this paper the efforts and activities of Parents association for the improvement of the Mentally retarded persons are highlighted. The parents association can also help the families to look after their retarded members together with their siblings.

Since my retirement from Service in late 1990 I have kept myself associated with the mentally retarded children so as to understand their individual problems vis-a-vis of the Parents, to gain some practical experience and know- how and to strive for finding out some possible solution along with others.

DEFINITION

Mental retardation refers to - "Significantly Sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the development period (Grossman, 1983)" which is taken upto 18 years of age.

In the persons with Disabilities (Equal opportunities, protection of Rights and full Protection) Act, 1995 the Govt. of India has defined that - "Mental Retardation" means a condition of arrested or incomplete development of mind of a person which is specifically characterized of sub normality of intelligence.

Nowadays some new talks are heard wherein the abstract definition of Disabled person is trying to be modified and renamed as 'differentially disable person'. Rather they are professed to be called as 'differentially able person'. Because some of them may be uneducable/untrainable due to some departmental deficiency of brain but they can successfully perform Music, Dance, MIme, Recitation, win medals in National/ International Sports Meet perhaps, on the strength of their other normal and active brain cell.

In a recent Seminar organized by the Ladies Study Group of Calcutta on 15th December, 1999 Mr. Anupam Kher, renowned Cinema Artist of Bollywood, who is

also attached with a mentally handicapped Association of Mumbai, had specifically stressed that instead of leveling them as 'Disables' in general they should be styled as 'Able Handicap'.

As per World Health Report 1997 [STATESMAN, 15.12.97 - SNAPSHOT] the total number of disable person with mental retardation are 36 Million in the whole world. In India nearly 2% of the general population is affected with mental retardation. There are presently about 168 lakhs of mentally retarded people in our country.

On hearing that their child has mental retardation parents tend to get utterly confused. This technical jargon probably makes no sense to them as to what mental retardation is, why it has been caused, whether there is any cure for it, what is the progress, that is, whether he will be able to become normal or not. Alongwith mental retardation, if the child also has associated problems such as epilepsy/fits, sensory problems, Autism, Celebral Palsy, Mongil etc. the situation gets even more complicated for parents to comprehend. This leaves the parents desperately wanting to gather accurate and right information about their child's condition. It has been seen that one of the foremost needs parents is, getting the right and honest information about their child's disability. The reactions of the parents, their adjustments, attitudes and involvement in the training of their child depend on how effectively and sensitively this information is communicated.

Problems

All children with mental retardation are not alike. Each individual with mental retardation has unique problems based on the severity of condition and the ability to cope up with the problem. However, children with mental retardation generally have problems in:

- Motor coordination,
- Carrying out day to day activities like toileting, bathing, dressing etc,
- Reading, writing and Arithmetic,
- Communication
- Behaviour and
- Socialization.

Some mentally retarded individuals may also have sensory defects such as Visual impairments, hearing loss or other problems like epilepsy/fits etc. Mentally retarded children are slow in learning and development. Their mental age is below their actual age. For example, a seven year old M.R. child may act, talk and behave at the level of a 3 year old normal child. Thus, show a development delay of 4 years.

The brain coordinates and directs various bodily functions. Each component of the brain controls some aspect of an individual's behaviour and affects the understanding of the world around him or her. The brain not only controls involuntary movements of organs like heart, kidney but also initiate voluntary movements like walking, running and also higher order functions like thinking, reasoning, memory etc. The abnormal development functioning of any part of brain thus makes an individual less able to adjust to the environment and give rise to various disorders one of which is mental retardation.

Individuals with mental retardation are not mad. Mental retardation is a condition, which generally leads to a handicap. Mentally retarded children are slow in learning and development.

Categories with I.Q. percentage	**Group**	**Intelligent Quotient Percentage**	**Ability**
	A. Border	70-90%	Educable
	1) Mild	50-70%	&
	2) Moderate	35-49%	Trainable
	3) Profound	20-34%	Custodial
	4) Severe	below 20%	"

Role of Parents Association and Parents

Parents Associations, depending upon their group needs, are engaged in different kind of activities such as, running service centers, special schools, training and production units for their mentally retarded children. Apart from this, they are also actively

involved in providing parent to parent information and emotional support through parent self-help group, organizing awareness programmes for Parents and Community and acting as advocates for their mentally retarded children.

Parents play an important role in the training and rehabilitation. Parents are permanent teachers, socializing agents and primary caregivers for the child. Since Parents know their child best, effective intervention programs can be developed involving parents teachers and professionals.

The veteran parent has as important role to play with the parent of a newly diagnosed child with mental retardation. The veteran Parent or a Parent undergoing a similar experience of having a mentally retarded child can provide emotional support, information about the services to be rendered. Parents provide valuable support to each other as they listen, share experience and give assistance (e.g.; helpful information and advice) to each other. Thus a Parent can help another Parent having a mentally handicapped child within the ambit of Parent Association.

Side by side siblings also form a significant part of the natural family support system for both the mentally retarded individual as well as for the parents. Much of the siblings contribution at present or in future will largely depend upon how parents bring up and shape the siblings through early training and involvement. Parents need to involve brothers and sisters of mentally retarded individuals in the activities of the Parent Association. Siblings can also form sub group within the Association and organize programmes such as recreation leisure or sports activities which facilitate healthy interaction between mentally retarded individuals and the non-handicapped individuals.

Hence the utmost necessity of forming Parents Association as a supplement in strengthening Indian families for the benefit and overall development of mentally retarded child need not be over emphasized. Thus all such mentally handicapped children can be brought up better, made self-sufficient, socialized within their own family surrounding/atmosphere/culture/tradition/teaching with better understanding and above all through parental care, love and affection.

This small endeavour of mine is to impress upon you the imperative need of forming Parent Associations in the interest of the mentally retarded child as well as of the Parents so that the development process may go on without any hindrances. Except

in a very special and helpless circumstances no Parent should ever think of separating and sending their mentally retarded child in any Residential Home/Hostel etc where they are susceptible to adverse effects on intellectual, psychological and physical development due to restricted environment and abuse - even sexual abuse.

The first Parent Association for the welfare of the mentally retarded persons was started in early 1960 at B.M. Institute, Ahmedabad. Since then Parents Associations have now sprang up in the last decade in various parts of the country. Currently there are about 100 registered Parents Associations in our country wherein our 'NISHANA' Parent Organization ranks 44.

Formation of Nishana Parents Organization for the Mentally Handicapped, Calcutta.

For harmonious development coordination of the Head, Heart and Hand (3 H principle) i.e. learning, love and skill of the mentally handicap we have formed our Parent Association in the name of 'NISHANA' Parents Organization for the Mentally Handicapped at Calcutta in the year 1995 with the following primary aims:

1) To render academic education through special schools,
2) To provide mutual help, parent to parent support and counseling,
3) To provide parents training for better knowledge, acquiring modern technique and latest know how through Seminars, Symposium, mutual discussions and Workshops conducted by the National Institute of Mentally Handicap, Govt. of India from time to time,
4) To make able the disable,
5) To provide regular practice of sports and to take part in Sports Competition as a part of Play Therapy which keeps the body and mind fit and stimulates interest and evoke inspiration and enjoyment and create confidence.
6) To teach Music, Dance, Drama, Mime, Drawing & Painting, take part in cultural function and competition, to hold exhibitions of their products, to take for outing, picnic, educational tour etc as a part of recreational activities for the development of their gross motor skills.

Gross Motor Skills refer to the activities that require large muscle movements - like crawling, sitting, walking, running, climbing stairs, jumping and so on.

Incidentally, let me draw your attention to a News of sad incidence published in Ananda Bazar Patrika of 3rd May' 1995 that a Father - Dr. Nirmal Bhowmick (42) of Krishnagar and mother Manasi Devi (38) a highly educated lady initially poured Acid into the throat of their only mentally handicapped Son Niloy (10) before committing conjugal suicide with the same acid in depression and despair that their mentally retarded child would never return to normal life.

It is therefore, my firm belief that had Dr. Bhowmik's family been a member of any Parent Association and could have shared the feelings and failings of their son with that of similar counterpart then they might have survived instead of committing enmasse suicide in isolation.

Let me conclude with a quotation of Message from
Late John. F. Kennedy, President, USA -

"They may be the victims of fate,
but, let them not be victims of our neglect."

Problems of the mentally handicapped, and the need for public awareness

URMILA GANGULY

Key Words: Mental handicap, Public awareness.

Abstract: Here the problems of mentally retarded are considered. They are variously known as sub-average individuals, special children syndrome and many others. Their problems and specially the problems of their parents with these populations deserve special attention and awareness.

When we hear of handicapped people we generally visualize persons with physical disability. It seldom occurs to us that there are persons - children as well as adults - who are physically healthy and strong but are mentally handicapped. This is basically because physical disability is visible whereas mental handicap, in most cases, eludes the casual eye and is discernible only to a sensitive mind and keen understanding.

Mental handicap is not confined within geographical or political boundaries, nor is it limited to social class: it is a universal occurance. It is an incurable condition that has engaged the sharpest brains in scientific research the world over to reduce its attendant oppressive and constrictive burdens, which restrain the handicapped individual from being an equal member of society. The most serious problem of mental handicap is social acceptability.

In India it is estimated that among every hundred children one child is afflicted with some from of mental handicap. The child may have been born with a mental handicap, or else a childhood illness or an injury sustained during infancy or childhood can have resulted in some sort of disability. A state of mental handicap is revealed when the development of the concerned individual is unusually slow and his level of intelligence does not correspond with the normal range and is below it. The term 'mental handicap' is used to denote several sorts of disabilities and includes Down's Syndrome, autism, learning disability, intellectual disability and speech impairment. Persons with Down's Syndrome are easily recognizable by their personal appearance and the autistic can be identified by their behaviour while slow learners and those having dyslexia fall in the category of learning disabled. Among those who are mentally challenged the degree of intellectual disability can range from mild to moderate or severe, and those with speech

impairment can be totally non-verbal or partially affected. Some of these individuals may be normal in appearance and have the ability to move around with ease and yet be severely handicapped. For any person with mental handicap, being able to manage without support in daily living is a challenge, which would perhaps take years to achieve. Although such an individual can never be totally self-reliant in the ordinary sense of the term he can be helped to improve gradually through education, training and sensitive handling. Identifying his abilities and aptitudes and thereafter providing access to suitable facilities, opportunities and environment could help in the blossoming of his potentialities, and, in the process, enhance his self-confidence and self-esteem, and possibly facilitate economic self-reliance.

In our country there is a very low level of awareness among people at large regarding the mentally handicapped. To this day, particularly in the rural sectors, mental handicap is mistakenly identified with mental illness. This misconception exists because of ignorance, a want of compassion, a lack of understanding and an absence of care. Mental illness implies disorders of the mind including psychoses and neurosis, which can be successfully treated and remedied through administration of specific drugs and counseling. On the other hand, mental handicap is not a disease; it is a condition, which cannot be cured by medicine. There is an urgent need to educate the general public and dispel the existing misnotion in order to spare a mentally handicapped person the indignity of the humiliating sobriquet 'insane'. Not only does the individual suffer a grievous blow to his self-esteem, along side, his family has to bear social stigma.

This brings us to the question of social attitude. Initial discovery of a mental handicap in their child is a devastating trauma for parents. In addition, they smart under the indignities heaped upon them by a society that is insensitive and apathetic, even hostile. It takes all their courage to come to terms with reality. Yet they transcend the shattering shock and redefine their goals. They make adjustments and employ strategies to suit the handicapped child's needs, and explore all avenues to help him build a better life for himself. They even dare to dream of a better future for him. Drawing strength from the common sympathies and beliefs, the unstinted love, understanding and care of the family they refuse to be weighed down by their problems. The mother has the combined role of sustainer and teacher while the father provides the financial and emotional support, and taps every resource to ensure a secure future for the child. If there are siblings, they learn to interact with the child with understanding and love, and innovate ways to make him more manageable and better adjusted to normal life. With

this effort comes the will to bond with other families having the same problem. The resulting exposure of the handicapped child to external relationships will widen his mental horizons; and peer pressures will stimulate his physical capabilities. Meanwhile, the bonding of families under the common cause of mental handicap will lead to objective evaluation of problems and create a voice born out of experience. The collective voice of the parents' groups will be an effective means of creating public awareness, and in enlisting support for the assimilation of the mentally handicapped in mainstream society.

In this context, it would be relevant to mention the significant role of younger people and siblings in helping to focus public attention on the condition of mental handicap and creating awareness about the rights of a handicapped person and his need to be accepted. Interaction with mentally handicapped persons would bring them face to face with the problems of these people. Empathy with such individuals would push them into devising ways to improve the quality of their lives. On the part of the mentally handicapped persons, the realization of a better life would bring them a measure of self-respect and self-confidence which, in turn, would serve as a catalyst in their rehabilitation in society.

Education is a tool for empowerment. People need to understand that with a mentally handicapped person the problem is as much of a medical nature as it is of a learning disability and difficulties of social interaction. Specialized education and training can reduce dependence to a minimum. In most cases, assessment and realization of his full potential is not possible because of inadequate facilities for developing educational and self-help skills. There are not enough institutions, which offer integrated educational programmes for the mentally handicapped and hardly any inclusive schools, which offer structured educational programmes to such persons. There is an acute shortage of trained special teachers as well. Besides, the number of specialized vocational training centres, which enable mentally handicapped persons to develop their skills as far as possible and provide scope for self-employment are woefully low. It is imperative that the general public is made aware that persons who are able to partly support themselves will reduce the burden on society. In this regard, parents can influence awareness about the mentally handicapped person's rights and opportunities in society. They can pool their knowledge, discuss their experiences and work collectively as support groups providing valuable guidance, and spearheading attention to the mentally handicapped.

'Self-advocates' groups can effectively enhance public awareness. Awareness of

their problems and rights, which hopefully, may in course of time generate in them a degree of assertive power will automatically earn them the dignity that is their due. However, in order that self-advocacy is purposeful we must be clear about its objectives. There is no doubt that articulation of their problems and rights by the self-advocates will strengthen the movement for public awareness, but the main brunt of this burden will have to be borne by parents, NGOs and the general public. In fact, the last category is the most important because their ignorance and apathy are primarily responsible for the agony and humiliation of the mentally handicapped. It is to be realised that without the active co-operation and sympathy of the general public legislation and funding alone cannot bring dignity to the lives of this group of citizens. It would therefore be of immense help if citizen advocates and social activists draw up programme where the general public is brought fact to face with self-advocates.

The creation of public awareness can be most effectively tackled by mass media -both audio and visual. Newspaper articles, radio talks and television documentaries highlighting the social problems of the mentally handicapped, their rights, instances of discrimination, and hindrances in their being equal partners in mainstream society would go a long way in creating awareness, as also projecting the facilities and measures available for the rehabilitation of the mentally handicapped. However, these are not enough. More movies by sensitive directors, and novels and stories by powerful writers bringing out the humiliation and feeling of rejection suffered by the mentally handicapped may arouse compassion and understanding and even a sense of guilt among the viewers and readers. What is necessary is to determine an appropriate mechanism for change of social attitude towards the mentally handicapped. Society needs to know that a mentally handicapped person is not an object of pity or neglect. It needs to be shaken out of its indifference to make the world a better place for those who are striving for an equal status in it.

Let each one of us acknowledge the rightful place of the handicapped in society by shedding our inhibitions, by proclaiming through a gesture, a word, an action or a smile that we care. Let us make time for a lesser person's need, lend an ear, have the will and strength to reach out a helping hand, have the patience to understand, the faith to believe and the hope to dream. The world will be a better place for it.

Women and Mental Health: A cross-cultural perspective

DR. A.N. CHOWDHURY

Key Words: Woman, Violence, Discrimination, Mental disorder.

Abstract: We sometimes find gender differences in the aspects of Mental health. Ir recent days the subject matter of Mental health has got various shades of meaning. I would like to highlight some of these meanings. Besides I would like to emphasize the cultural back ground, which influences the Mental health.

Though women constitute nearly half of the world's population, they have always lagged behind men in gaining access to society's opportunities and resources. Gender related practices and values that are inherent in social institutions have always acted as a remarkable constraint to the establishment of a gender equal social order. This is also true in the area of mental health care. The identification, care and attention to mental illness among the females suffer a gender bias, both overtly and covertly, throughout the world.

Recent development in ethnographic research and anthropological method of cultural epidemiological research has unfolded many socio-cultural dimensions that have potential contribution to the mental health morbidity among the females. Series of recent socio-anthropological research has highlighted the very prominent role of social support system and quality of women's lives in the causation of emotional non-well-being of women.

Attitudes of medical profession also suffer from discriminative and authorizing dominance in dealing with the female patient's rights and privileges. Existing social support system through out the world also discriminate women from their legitimate share and access to resources and needs. This brief cross-cultural global overview will highlight some important socio-cultural dimension of mental ill-health of women from a cross-cultural perspective.

1. "A women's health is her total well-being, not determined solely by biological factors and reproduction, but also by the effects of workload, nutrition, stress, war, and migration, among others" (Van der Kwaak et al., 1991). Epidemiological and anthropological data point to different patterns

of psychiatric disorder and psychological distress among women than among men. The origins of much of this pain and suffering can be traced to the social circumstances of women's lives. Hopelessness, exhaustion, anger, fear growing out of hunger, over-work, violence, and economic dependence. Understanding the sources of ill health for women means understanding how cultural and economic forces interact to undermine their social status.

2. Studies of mental disorders reveal a consistency across diverse societies and social contexts : symptoms of depression and anxiety as well as unspecified psychiatric disorders and psychological distress are more prevalent among women than among men. The disability-adjusted life years data recently tabulated by World Bank reflect these differences (Table1). Depressive disorders account for close to 26% among women but only 10.4% among men.

Table 1 Mental health problems worldwide (World Bank, 1993)

Mental Health Problems	**Percentage of DALYs* Lost**	
	Male	**Female**
Depressive	10.4	25.6
Self-inflicted Injury	13.9	17.5
Psychosis	6.5	7.2
Post-traumatic Stress Disorder	3.2	6.6
Alcohol Dependence	19.2	3.4
Drug Dependence	6.5	2.7
Alzheimer's/Dementia	10.5	15.4
Epilepsy	9.9	8.7
Others	16.3	16.5

*DALY : Disability Adjusted Life Year

3. Studies of psychiatric morbidities carried out over the last few decades in Africa, Asia, the Middle East and Latin America have identified gender differences in various regions of the world (Table 2).

Table 2 Prevalence of Psychiatric Disorder and Psychological Distress in Women (Desjarlais et al., 1995)

Place	Disorder	Findings
Rural Uganda (n 206)	Major Depression	Women 22.6%; Men 14.3%
Rural Karnataka (n45)	Major Depression	55.5% of married and single women met criteria for lifetime diagnosis.
Rural Mexico (n 40)	Major Depression	41% met criteria for lifetime diagnosis
Calcutta (n 13,335)	Psychological distress	Higher frequency in women
Rural Brazil (n 1006)	Anxiety disorders	2.2 times greater in women

4. More general studies focussing on psychological distress rather than psy chiatric diagnosis reveal many significant socio-cultural factors as a causal factor for morbidity among women, e.g. devaluation of women's needs and abilities; unequal social status; marital stress; isolation of domesticity; poor housing; low education; socioeconomic deprivation; poverty and unemployment.

5. **Experience and Expression of Emotional Distress:**

Male dominated social and cultural environment is a potent cause of atypical "idioms of distress" in women and many a times the social and cultural meanings associated with the distress points to power conflicts in families or communities. The increased prevalence of somatization as an equivalent of depression in many Asian societies is not a "mysterious leap" from the psyche to the soma but an only available socially made forced pathway of emotional expression in helpless women. Two examples may clarify the situation.

I) "Nerves" in South and North America, the Mediterranean region, Middle Eastern states show higher prevalence for females. Socio-cultural analysis shows a positive correlation with the powerlessness of women and the "nerves" in those societies. "Heart Distress" is 2.4 times more in adult Iranian females, where it served to articulate experience of poverty, confinement and difficulties associated with sexuality and reproduction (Good & Good, 1982).

II) Spirit Possession : Women in various cultures become "possessed" more frequently than men. Possession is more than passive suffering in face of oppressive conditions, it

is also a form of power. The classic ethnographic work of I.M. Lewis (1986) among Somalis shows that spirit possession is a means by which "women and other depressed categories exert mystical pressures on their superiors in circumstances of deprivation and frustration when few other sanctions are available to them". That is to say, possessed women are authorized by their experience of possession to voice criticism and demand retribution that is denied to them in everyday life.

6. Social Origin of Distress in Women:

Social science, epidemiological and clinical research confirm that multiple forces contribute to women's psychological and psychiatric distress. A review of recent literature on quality of women's lives shows that poverty, domestic isolation, powerlessness (from low education and economic dependence) and patriarchal oppression - are all associated with higher prevalence of psychiatric morbidity in women.

Hunger : Throughout the world, nutritional, physical, and environmental deprivations suffered by female, children and adults threaten women's well-being. WHO estimates that more than 60% of women in developing countries are undernourished. About 500 million (out of 1.1 billion) women living in poor countries in 1985 were stunted as a result of protein-energy malnutrition in childhood (Merchant & Kurz, 1993). Nearly 2/3rds of pregnant women in Africa and Southern and Western Asia and half of those who are not pregnant, are believed to be clinically anemic (UN, 1991). 10%-20% of deaths in childbirth in sub-Saharan Africa have been attributed to anemia.

Work: Work contributes to mental health. Much of work available to women is poorly paid and labour intensive. Working conditions are often dangerous and benefits are practically nonexistent. In fact, work contributes to oppression rather than independence.

Typically, women contribute economically to the household while also retaining full responsibility for domestic chores, child care and the care of the aging relatives. Women, then, work a "double day" performing multiple roles. This means that they spend many more hours working than men from the same social class. Time allocation studies have shown that : women in Africa work an average of 67 hours/week, compared to men's 54 hours/week. In Philippines women work for 70 hours/week and men for 57 hours/week. Research from the Centre for Science and Environment, New Delhi concluded from their study of rural women's lives in Himalayan village: "It doesn't

matter if a woman is young, or old or pregnant, she has no rest, Sunday or otherwise (Preston, 1993).

7. Sexual and Reproductive Violence:

(a) Rape : Rape is a masculine prerogative, an act of violence in which women figure not as victims but as objects. The personal sequel of rape may include emotional trauma, depression, pregnancy, STD, HIV and death. Recent events in Mozambique, Bosnia, Somalia, South Africa and El Salvador presents us with all too many cases of systematic and repeated rape of civilian and refugee women. UN Crime against Vietnamese boat people report shows that 39% of women had been abducted or raped by pirates while at sea (Mollica & Son, 1989). Sharp increase in reported rape have appeared in Bangladesh, India, Malaysia and South Africa (Russel, 1991). Estimate for South Africa in 1988 placed the prevalence of rape at 34/1000 women (Heise, 1993). The psychological consequences of rape in societies where a young woman's worth is equated with her virginity are particularly ruinous. A recent study shows that rape lead to psychiatric disorders, severe injury or death in 84% of a sample of rape survivors in Bangladesh (Shamin, 1985). In Fiji, the Philippines, Thailand, Mexico and Peru, women who have been raped are forced to marry their rapist to legitimate the action and erase the stigma of "spoilage good" (Heise, 1993). The stigma of "spoilage" may lead women to turn prostitution to survive; others choose suicide.

(b) Violence against women may originate in planned state policies or symbolic cultural practices with long-standing traditions. Involuntary abortions, forced sterilization and female circumcision (or genital mutilation) are among the sanctioned societal practices that may be viewed as forms of reproductive violence against women.

(c) Amniocentesis and ultrasound examination is increasingly being used as a means of determining the sex of a foetus for purposes of selective abortion. One report shows that out of 8000 abortions performed at a clinic in Bombay, India, 7,999 involved female foetus (Anderson & Moore, 1993). Another report states that one of the several factors contributing to China's 900,000 "missing girls" each year is the growing use of ultrasound equipment in Chinese Hospitals (Kristof, 1993).

(d) "Missing Women" Phenomena : Recent studies of population demography have shown that boys and girls are born roughly in equal proportions, i.e., about 105 male for

every 100 female births (Hull, 1990) and females in all age groups are more likely to survive, and survive longer, than males under condition of equal care. Few threatening observations are : In India 1991 National Census shows only 920 women for every 1000 men (down from 972 women at the beginning of this century). In China, Male : Female is 108.47 :100 in 1981; 110.94 : 100 in 1986 and 113.8 : 100 in 1989 (Hull, 1990). UN report shows that Women : Men proportion is 84 : 100 in Saudi Arabia; 67 : 100 in Bahrain and 48 : 100 in UAE. Based on these and other estimates the renowned economist Dr. Amartya Sen contends that over 100 million women are "missing" in the world today (Sen, 1990). In addition to that gender neglect is a potent cause of death of female child: number of deaths per 1000 population in children aged 2-5 is at 54.4 for girls versus 36.9 for boys in Pakistan; 68.6 vs. 57.7 in Bangladesh and 14.9 vs. 9.3 in Syria (UN, 1991).

(e) Domestic Violence : Behaviour intended to physically harm an intimate partner occurs most often in private household settings. The vast majority of victims of domestic violence are women. The private nature of this form of violence - the shame, guilt and social taboos associated with it - means that much of it remains hidden, not only from the public, but from family, friends and health care practitioners. It is estimated that domestic violence and rape account for approximately 5% of the global health burden for women in the reproductive years (World Bank, 1993).

Battered women are 4-5 times more likely to require psychiatric treatment and 5 times more likely to attempt suicide than no-battered women (Stark & Flitcraft, 1991). Major depression, alcohol and drug dependency and post-traumatic stress syndrome have positive correlation with domestic violence (Koss, 1990). Ethnographic data from Ocaenia, South America and China corroborate these associations with evidence that wife beating is directly related with depression and suicide (Gilmartin, 1990).

8. **UN "Decade for Women"** is a logical step to make women's productive as well as their reproductive, roles visible to the world. Enabling women to be productive, to control their own labour, their means of production, and their earnings, is an issue of health as well as economic development. Control over resources has a direct and beneficial effect on mental health and well being. It also has indirect effects, buffering women from oppressive conditions that place them at risk for mental illness and allowing them to escape situations of violence and abuse.

9. Among the social roots of poor health for women are widespread discrimination against females in employment, education, food distribution, health care and resources for economic development. Women's relative powerlessness also renders them vulnerable to exploitation in many forms, ranging from physical and sexual violence to murder. The social roots of poor mental and physical health for women are numerous and deeply entangled : hence the strategies needed to address the problem must be multifaceted.

10. Communications among physicians and other health workers and women patients is paternalistic in many parts of the world. Women are often neither encouraged nor permitted to voice their feelings and complaints. When they do, they are likely to be discounted or dismissed. Health care professionals must therefore be trained to empower women in the clinical encounter. This means authorizing and even encouraging, disclosure of routine information as well as experiences that are shameful and threatening, such as physical or sexual assault. Psychiatric assessment of women should also address her quality of life and areas of social and cultural discriminations.

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Interventionist, observer and analyst: the case problem of mental retardation

SYAMALKANTI SENGUPTA & KANIKA SENGUPTA

Abstract: In new millennium the human rights of each person in every society shall be recognized and protected but basic human rights are still denied to entire sectors of the world's population including many of the estimated six hundred million children, women and men who have disabilities. Our vision is to project equal opportunity for disabled people as a natural con sequence of "enlightened policies and legislation" supporting access to all aspects of society. Knowledge and wisdom of 20th century in scientific and social progress acknowledge the value of each life. Even then superstition, prejudice, ignorance and fear influence society's reflection and response to disability. In new millennium we should accept disability as a part of varied human condition. Assembly of rehabilitation international in its charter expressed the view that about ten percent of every society is born with or acquires a disability and about one family in four has a disable person.

In developing countries segregation and marginalization have placed the disabled people in lowest rung of the socio-economic ladder. This condition has to be improved in 21st century with the insistence on similar human rights to the person with disabilities as for every one else.

Failure to preventable diseases and failure to treatable conditions, everywhere number of persons with disabilities are added to the world population. Therefore we like to emphasize that economic and social development programmes should have minimum accessibility in all encounters to ensure that the people with disabilities are fully recognized and protected in their communities.

A boy or a girl in course of learning is constantly intervened by the parents in a process of socialization, by the teachers during imparting knowledge as per curriculum, by the playmates, kinsmen and neighbours when he or she participates in games, ceremonies or involves in any social commitment. Acquired characters are not heritable. Thus learning activities require intervention. The parents, teachers, playmates, kinsmen, neighbours all are interventionists in one sense or other.

On the contrary the observers and the analysts grossly try to grip the outcome of an activity by the actor. They are inseparable essentially. The case of the mental retardation is the domain where the observers and the analysts can contribute not less than the interventionists. The authors here wanted to take the position more as observers than the later.

The term mental retardation is gradually becoming obsolete to the scientists who are investing their thoughts on the group of persons whom they like to identify as "sub average" with certain kinds of disabilities. The present knowledge on the activities of brain is severely questioned from different authorities. Even then we are accustomed to here the terms *autistic, downs syndrome, hyperkinetic* individuals with behavioural disorder or persons with subnormal state of minds having non-coordinated behaviour. In truest perfection the sensitization of these terms is still weak rather than perception of an image. If anybody takes the image of any of these terms he tries to be successful in pursuing the persons of "sub average" with certain kinds of disabilities. Two or three out of every hundred children suffer from difficulty in progressing to our education system. These children may be classified as mentally handicapped or emotionally handicapped, optimal educational and therapeutic services must be provided to these children (Wright, 1982). Mental retardation in medical terminology is defined as difficulties with all areas of learning, experienced by children significantly lower than average intelligence. The poor intellectual ability and developmental delay in all areas of learning affects speech, language, reading and writing. Physical development sometimes affects the poor hand-eye coordination. Mental retardation almost always is associated with behavioural problems. In case of mild mental retardation appropriate education and support improve the condition. However, in case of severe mental retardation lifelong supervision is needed (Goldmann 1999:854). Working with or for these children is both rewarding and frustrating experience. Parents, teachers, therapists, school administrators should work together to provide necessary services for these handicapped children. In a study of one million consecutive births in British Columbia, a total of 7.9% individuals under the age group of 25 years had genetic diseases or other recognizable birth defects syndromes (Baird et.al 1988). This statistics indicate that genetic diseases and birth defect syndrome have a major impact on health of a significant proportion of a population. The specialists on brain and behaviour (Neurologists) or brain and mind (Psychologists) differ as contributors on the need of mentally retarded persons. These mentally retarded persons urge upon us by saying "we need to advocate our needs".

The conscious and the unconscious theory related to understanding these persons impinges upon the aspects of overt and covert behaviour, manifest and latent expression, explicit and implicit reception of the events, the process and the phenomenon. In course of authors' association with a few of these persons they find the opportunity of observing them in various ways both in personal and family levels. The authors are purposive in

using pseudonyms of a few such persons for methodological reasons. They are *Arun, Barun and Kironmala* belonging to the age group of 15-20 years. They will represent the typicality of the problems in general. They were once upon a time trimmed into primary education from an established school and later on from an institute for teaching the sub-average persons. They are relatively hyperkinetic and have different kinds of recognizable ability such as swimming, sewing, singing, playing of musical instruments shallow reasoning with towering memory, ability of recording events and generous capacity to speak of past events when put to an association of nearly similar condition.

The caring of any child is a challenge, caring for handicapped child is exhaustive. Many of the parents of handicapped children feel isolated. The usual feeling is that their friends, neighbours and other kinsmen live with their normal children and feel that they are the only guilty persons with handicapped children. The usual tendency in the part of the parents is to hide their children to avoid stares and questions, it is painful, but it is not an isolated case. Three out of every hundred children have a birth defect and the same number is unable to progress in the school.

Many parents are constantly on call for their childrens' requirements. They are unable to tolerate the constant demand. It is important for the parents to find way to free themselves each week for a few hours. Another important resource is a respite care to avoid "burn out" effect on the parents. Respite facilities with professional staff to care the handicapped children are almost non-existent in our country. This is a necessary service to allow the parents to unwind and recharge their batteries. Any family with a handicapped child is at a risk for separation. In USA the divorce rate is high at 80% for the couple with handicapped child. In our country the families who live together, problem arises from the resentment of brothers and sisters or kinsmen for all the effort and attention lavished upon the handicapped child. The problems can be minimized with the help of support groups and the siblings of handicapped persons. In home the educated mothers of the retardates are skillfully engaged all the day after their performances of all kinds of works in which they seem moderately capable. Their mothers know perfectly how far they can improve their condition of disabilities with constant but limited practice. In an effort of doing so, the mothers find limited chance to keep other social commitments. On the contrary the "sub-average" persons have tremendous inclination towards father figure. They miss the fathers like other average boys or girls. They fail to understand the reason of long time absence of their fathers. Thus they

become touchy on any issue regarding fathers. The manifest reaction to it is to prevent father from attending office or leaving the house for outstation activities. It is a great problem to the father to fulfill his commitments and duties to the working place. Naturally frustration grabs in, for not getting hundred per cent chance to do either professional activities or official duties. *Arun, Barun and Kironmala* expressed their aggressions for long time absence of their fathers. They aggressively cry out Ventomarme- come and take us.

The mothers become fatigue due to excessive investment of energy on them. The retardates in question feel it and become non-interested to pursue a long exercise with mothers and develop certain characteristic behaviour for avoiding or distracting mothers from putting so much interest on them. They need diversion through gossip and chattering. They demand food of their choice, make fun of various types procedurally invented by them. They want to speak courteously "stand by us to help us in joining a club to express ourselves".

Stress is always high in mothers than in fathers of the mentally retarded children. Mothers are at a greater risk of developing stress-related illness such as hypertension, anxiety and depression. Female siblings generally are known to be more affected as they are expected to share the burden of caring for their mentally retarded brothers and sisters at the cost of their free time, play recreation or study time. In presence of their friends, they feel embarrassed if their mentally retarded brothers and sisters behave socially unacceptable ways. But it is true that the siblings are the natural support system, which can be strengthened and utilized depending upon the social and cultural setup (Peshawaria, et. al. 1994:31).

The professional training of the special educators often fail to follow the chores of activities of "special children" but the mothers seldom fail. Their long association with the special child make them adept to induce required activities for a child. Thus very often professional versus parents debate regarding teaching and training takes tacit unpleasant situation. Community support for the mentally retarded individuals to achieve total rehabilitation is *de rigueur*. The perception of the community members about the mentally retarded persons directs the social acceptance. Useful productive members having mental retardation is an image for acceptance in the society. On the contrary negative images are framed where persons with mental retardation are hidden and seldom interact with the people in the community. The main aim of training and teaching of the

retardates is to make them independent as far as possible to live as integral part of the society. We develop our knowledge about the environment and inner sensations through our ability to perceive external and internal stimuli. Perception depends on the excitation of receptor cells located in various sense organs, in the skin and many other parts inside our body. There are four different kinds of receptors: *Exteroceptors*, which are excited by stimulation from the outside world, receiving impressions of taste, smell, touch, sound and light; *Proprioceptors*, which are exited by stimuli arising from actions in a close system inside the body, these receptors are situated in muscles, tendons and joints; they regulate posture and movements of trunks and limbs. One group of receptor cells occupies a place between *Extero* and *Proprioceptors,* situated in three arc shaped liquid filled recesses in the bony cavity of the inner ear near the receptors for hearing. These receptors transmit impulses of information about the position of our bodies in space. They are responsible for our sense of balance. The third kind of receptor called *Interoceptor,* receiving stimulation from all the inner organs. The impulses sent by *Interoceptor,* serve effective coordination in all the inner organs for the preservation of life: circulation, respiration, digestion, elimination etc. When impulses travel to higher center in the spinal chord and brain, they give rise to awareness of such sensation as hunger and love and sentiments as joy, contention and happiness. The fourth kind of receptor is called *Nociceptors*, which belong to physiological system somewhat different from the three aforesaid receptors. The former receptors are excited by stimuli and send out impulses of constructive nature. The *Nociceptors* are excited only by the harmful stimuli, which mobilize not constructive but protective force of the organisms. *Nociceptive* impulses cause sensations of ache, pain, nausea, sentiments like irritation, frustration, sadness, depression, fear and anxiety. Familiarity with these four types of receptors is prerequisites to understand the relationship between behavioural manifestation and brain function (Gellner 1959: 1-2).

It is the first task of any worker and the parents in the fields of mental deficiency to recognize and to stress the fact that mental retardation is not a uniform condition. Clinically and pathologically the findings show great variations in persons diagnosed as mentally retarded (Gellner, 1959:5). We are convinced in order to overcome the mental deficiency there are two lines of research exist: etiologic and pathogenetic. The former one is fundamentally medical in character. Its aim is to find out the kinds of accidents, diseases, biochemical and metabolic disorder and other pathological factors, which can cause mental retardation. The investigation and its results thus may help in preventing the birth of mentally handicapped children or such handicaps after birth.

The pathogenetic research is concerned with the factors which produce mentally handicapped but with nature of various disabilities. It is not merely medical in character. It embraces a team of psychologists, special educators, educable parents social anthropologist and doctors. The sub-average gets its origin first in the circumstance that a child has been deprived of normal situation. Secondly, abnormal behaviour can be caused by damage to receptors resulting distortion of normal experiences. The third and the common root of abnormal behaviour is due to impairment in the nervous pathways which leads from receptors' cell via tracts of ganglia back to effector organs. Damage anywhere in Central Nervous System will thus produce some alternations of behaviour. Sometimes many of these alterations are so insignificant that they do not impress the observer to think them abnormal.

Sometimes it appears that in mild cases, sustained damage can partially overcome and thus normalize behavioural deviations. Psychologists and anthropologists call it delayed maturation. The cerebral cortex seems to possess the power of recovery of lost function. Damage of the cerebral cortex if not affecting too large an area sometimes causes a few behavioural abnormalities. On the other hand sub cortical damage of a very small area usually causes more severe disorder of functions. *Strauss and Lehtinen* (1947: 206) indicated about the exogenous reason for emotion behaviour pattern for brain injured child but *Gellner* (1957) asserts that emotional behaviour of a retarded child is largely due to environmental circumstances. She further subscribes the view that mismanagement mainly indicating educational pressure in one hand and over indulgence on the other is the main reason of behavioural disturbance. It is true that Strauss correctly stressed perceptual root of mental handicaps due to brain injury but seldom recognized that all severe mental handicaps lacking the intellectual development either of exogenous or endogenous etiology. It is pointed out by some researchers that all learning is built on the perception of environmental stimuli. Organic blocks in visual and auditory pathways are the factors underlying main mental handicaps which aggravate the formation of mental retardation. So called retardation comes from specific perceptual loss the child had suffered. Thus a child failed to imitate seen movements, match for copy visual pattern and use of hands under control of eyes are typical features of *visual-somatic* disorder or *movement blindness* due to lack of visual concentration, disinclination to look at picture book, hyperactivity, inability to match colours. Ability to recognize pictured objects is a sign of visual autonomic disability or *meaning blindness* (Gellner, 1959). The fact of unrecognized organic defects leads to unavoidable mismanagement, which adds emotional disturbances like temper tantrums, withdrawal

reactions, aggressive behaviour, malicious destructiveness and not playful destructiveness. The later one is an urge for satisfying pleasure drive in a child who likes to use his hands. His restricted visual power makes him unable to use close visual attention needed for constructive tasks. However, playful destructiveness requires proper channellisation instead of suppression through punitive action. But in the name of acceptable social behaviour it tends toward unwise punishment. With the more educational pressure the specific organic features are overshadowed by the features of emotional disturbance mainly on those children whose organic defect is mild.

Arun, Barun and Kironmala are in the habit of finding out means of satisfying pleasure drive. They like to look at picture book, listening of stories and talking to people. But the other children with visual autonomic defect hardly can recognize enjoyment from visual occupations ordinarily. They love to look at quick moving objects when sitting beside the window of fast moving train or cars. This is indicative of their hyperkinetism. However, the pleasure drive, satisfaction, requires careful consideration for which a special teaching method is *sine-qua-non.* Such methods are very much useful for the utilization of intelligence; for the reason of recognition and acceptance of the fact that mental retardation is not a uniform condition in the medical science. It considers that the retardation is the result of different kinds of perceptual disabilities, which require new test methods in lieu of determining child's IQ. These test methods need design to ascertain the area of disability, the exact time and extension of impaired function. Only then it may guide the teacher and the parents in their educational approach to a mentally handicapped child.

By habit and character *Arun, Barun and Kironmala* in average are obedient, docile and innocent. They are afraid of strong voice, glaring eyes and grave face but do not know to conceal their feelings. Thus they develop to speak quite often to others with a note of interrogation. "What kind of persons we are"? The answer, which satisfies them, is "You all, are good persons. Their expectations are expressed as don't be grave and annoyed to us."

The roadways in Calcutta are troublesome to them. In local trains, in public bus or minibus, in breathless rush very often when they find no seats and unable to keep balance with their weak limbs in this unaccustomed atmospheres the retardates try to relieve them from the strains uttering many words in the form of self-muttering which convey no meanings to others. Everybody casts surprising look at them. The retardates

murmur in themselves with a feeling "give a seat to the disabled, offer help to the disabled". They deserve public awareness and extension of cooperation. The participation of the neighbours for the cause of the mentally retarded persons in majority of the case is ridiculous. They misunderstand the parents' shyness, the inability of the retarded persons. The neighbours do not allow their normal sons and daughters to mix up with the retarded sons or daughters of the others. The non-coordinated behaviour either sometimes is expressed through verbal behaviour or through non-verbal gesture. The neighbours are reluctant to observe behaviour or non-coordinated speeches. They avoid the retarded persons for two reasons: either for avid non-tolerance to the persons or for sheer reluctance.

In Calcutta many retarded persons are treated by the psychiatrists. The general tendency of the parents is to *buy hopes* from the psychiatrists in whose armoury there are number of drugs mostly belong to psychoactive and tranquilizer groups. These drugs seldom have any curative effect than taming the hyperkinetic and epileptic retardates. In Calcutta, there are many psychiatrists but with positive sympathy towards them. There are relatively a few psychiatrists who put importance on them. Let us cite an example of an event. An eminent psychiatrist in a first meet asked one such retarded person 'what is your name?' The answer *"Barunava"*, the psychiatrist at once says *"what Karuranava"*? The patient laughed and repeated *"Barunava"*; "Oh! It is a fine name". The second question to the patient "what you like to eat"? The answer "Singara"; "Oh! I like Jilipi". The patient said surprisingly "you do not like Singara"? The psychiatrist answered "no it is hot". The patient said "I like hot food, my sister cannot eat hot mutton curry or chicken almost like you, but she is a small girl, but you are a big man, then why you cannot take hot food? The psychiatrist said, "as you are saying Singara is good, I shall try it now". The psychiatrist told the parents about the patient that he has sense of wit, reason and capacity to convince in his own way. It is just an example to unveil manifest and latent aspect of expression of a sub-average person. But he is just one of a few psychiatrists.

In Calcutta behaviour therapists are many. The parents are running after them in order to get relief. We encountered as many as *twelve cases*; whose parents reported to us that they are not getting any result in minutest degree. We sincerely believe that behaviour therapy can bring modifications in behaviour disorder. If only the overt and covert behaviour can be understood scientifically and sympathetically. In India we find no article written by any behaviour therapist who has made case studies for years

together to disseminate his/her success or failure of therapy, so that the follow up study may be done by the next generations with the improvement in Science. The hue of this *ut supra* statement is the indicative of the urge of the retarded person saying; "stand by me with proper mind, care and devotion".

The eminent Neurologists in Calcutta are too busy. The normal academic procedures of their investigations depend on EEG and CT Scan etc. and they prescribed various drugs of wide range. They seldom suggest the parents about the efficiency and curative domain of the drugs. The response of these drugs is varied and case specific. The parents become bewildered with negative effect and fail to understand what to do. The natural tendency of them is to withdraw the medicine. The effect of withdrawal may be severe and more harmful. *Arun, Barun and Kironmala* as retarded patients implicity express "we need your expertise and touch of you careful hands".

The friends in need are friends indeed. *Arun, Barun and Kironmala* are friends but they have limitations among themselves due to disabilities of various kinds. The soft and kind hearted able persons can partially pull them out of odds. They need friendship of strongly able persons. Their implicit desires are not noticeable from their explicit behaviour. The friends indeed can combine these two together to accept them happily. The school environment plays a great role in the minds of behaviour of the retardates. Many things they bring back to the home from the school to the parents both to educate them and to put them into awkward situation too. The relationships in the school with the teachers and the schoolmates are based on love and extra attention. The school environment creates a lasting effect in the minds and behaviour of *Arun, Barun and Kironmala*. The teachers with their free and frank relationships with the students and their parents try to develop the aspect of clinical psychology to help them in immense way. The usual feeling of the retardates is "we like to join school but we fail to enjoy school for stereo types". The schooling and the shaping of the retardates cannot be done within the four walls for minimum indispensable of lives.

Fun has many splendid ways to combat dis-coordinated behaviour. Fun to them is case specific. Thus it requires inventories to satisfy these *unique* persons. You cannot say I am loved by somebody unless you feel the warmth of it. "We need the feeling of yours that you are with us to extend your cooperation". We do not know how it can be generated in a short cut method but we can assure that the miracle can happen through effort, experiment, devotion and commitment.

In recent time, parents' associations with mental retardation is trying to understand them in four perspectives in order to elevate them. The efforts are (a) to understand how they behave with their friends and parents; (b) how they respond to questions in association of known persons (c) to identify the desires of the items of purchase in the market and (d) expression of the desires to enjoy fun in *Mela*. The usual expressions of *Arun, Barun and Kironmala* are "in *Mela* we like to eat food and happy to get in the toy train and Nagardola". Each child is adaptive. We can help in the system of adaptation ensuring most effective adaptation. In normal case the experiments with adaptive system can be changed frequently until one gets the optimum result. In case of mentally retardates experiment in adaptive change will be minimal to get some results.

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Family background and drug abuse among the youths in Calcutta - An Anthropological study of a deviant group (Case Study)

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Key Words: Drug, family, abused, Calcutta.

Abstract: The present paper makes an attempt to study the interrelationship between family and Drug addiction among a sample of 200 youths in Calcutta with a view to ascertain whether family background and family disorganization play any role in driving the young members towards drug addiction. The study seeks to find an answer to the question "Why do young men turn to drugs?" It assumes that drug habit is a part of social behaviour and it can be explained through socio-cultural approach. Although data were collected with the help of interview Schedule consisting of both open ended and structured questions, special emphasis was laid on case history or in-depth enquiries. The results of the enquiry distinctly show that family has a special role in relation to the initiation to the use of psychotropic drugs. Case histories, personal observation as well as survey data reveal that family is the first environment where Youths are influenced by drug use. Data also show a close relationship between family disorganization and drug use.

Drug addiction is a worldwide problem. India, two has fallen a prey to this menace. India, as a developing country, is, in course of urbanizing and modernizing itself, also creating the problem of drug-addiction. It has been a common practice for different sections of people to consume drugs like cannabis, opium and their derivatives for the purpose of getting relief from pain and misery. Loss of productivity, increase in crime and violence, loss of life in street, accidents, deterioration of intelligence, spread of AIDS and other sex-related diseases and different forms of deviance are directly or indirectly associated with drug-addiction. Though there is no meaningful reason behind non-medical use of drugs, addiction to them has become a complex social problem. An attempt has been made in this study to explain whether family background and family disorganization have some positive relationship to illicit drug habit among the youths in Calcutta.

A number of researchers have studied the inter-relationships between family background and use of psychotropic drugs (Redlinger and Mitchel, 1970; Bates et. al. 1969 etc.). It is reported that in many families the parental control has been slackened the intra-familial relationships have been strained, the divorce rate is on the increase,

the number of separations is high, under protection and less affection have led to a feeling of insecurity among the boys and girls, and so on. Many youths are reported to have adopted both anti-social behaviour and psychotropic drugs to overcome their mental depression.

Taking cue from the above, we begin with a proposition that family background and family disorganization have a decisive role in driving the youths towards drug-addiction. In order to examine this proposition, we have considered the following variables related to family composition, size and education of the members of the family, occupation, income, total monthly income and per- capita monthly income, (a) family disorganization, (b) divorce or separation, (c) intra-parental hitch, hitch between respondents and parents, parental reaction to coming home late. These aspects of family, among others, may provide valid ground for the use of psychotropic drugs by the youths.

The youths in this context are the 200 drug addict patients undergoing treatment in 4 drug - cure centres of Calcutta. The following discussion is the result of a survey work among these youths. In this study the respondents family has been classified into four groups according to the number of its existing members. These are small (1-3 members), medium (4-6 members), large (7-9 members), and very large (10+ members). It suggests the respondent's family by size and type, which reveals that medium size family, accounts for half of the total, while the proportions of large and very large family are 20.0 percent and 11.5 percent respectively. A sizable proportion (19.0 per cent) of respondents were found to live in small families. Since drug addiction is found to occur more or less in larger families, the present study has found a relationship - though not very strong, between drug-addiction and family size. It is seen that there are more drug-addicts in joint family than any other type of family. It is well known that the system of joint family is more effective to maintain traditional social norms and values from one generation to the other. But the present study shows that there are relatively more drug - users in joint families than others types of family. On further scrutiny the findings became still stronger as we found that an overwhelming majority of the respondents belonging to the non-familial unit, were the products of joint family (14 out of 16 cases).

As examination of the past history of non-familial units suggest that poor parental control, under protection, less affection, lack of sympathy and mutual co-operation, and above all, strained inter-personal relations in the root family were responsible for

their poor adjustment and mental stress. The external environment, like, for instance, slum locality, urban stress, poor housing, over crowding etc. were no less important for driving them towards drug-addiction.

We shall now turn to examine the relation between family education, family occupation, and monthly income of the family and drug - related variables. It is seen from the study that drug - using members occur more in lower educated families than in families having higher level of education. Similarly, majority of the respondents belong to labour class and lower occupational class coming from low paid service and petty business families comprise 30 per cent and 28 per cent respectively. Considering the overall nature of family occupation we find that drug-using youths in Calcutta hail mostly from lower occupational group of families. It is seen that drug-abuse is relatively more frequent (38.3 per cent) among respondents coming from labour class families in slum areas than in non- slum areas. Respondents coming from families having service occupation possess relatively more (33.1 per cent) drug-using members than those coming from other family occupation.

The study suggests that family situation and drug-related variables, namely, drug peddling and sources of psychotropic drugs are closely associated. For example, more drug-peddlers (60.6 per cent) came from broken homes than from normal family, while as many as 74.4 per cent respondents were not involved in such activity. It is interesting to note that there is a probable linkage between family disorganization (mishaps) and drug-use. We gathered that many respondents suffered from insecurity, frustration and depression due to occurrences of family mishaps. It is in their efforts to cope up with these stresses that they seemed to have fallen an easy victim to the drug-habit. Among the various types of mishaps, accidents accounts for the majority being 41.5 per cent, which is followed by divorce (16.0 percent), missing (2.5 per cent) and suicide (0.5 per cent). It is seen that relatively more respondents from families where mishaps have occurred were getting more inspiration from friends, and were also engaged in drug peddling than those who came from families where no mishaps had taken place.

On the other hand intra-parental hitch, and hitch between parents and respondents are the two important features of drug-addiction. Analysis revealed that poverty (26.5 percent), alcoholic habit of father/bad character of parents (28.0 per cent), were the two major factors behind intra-parental hitch, while gossip with friends at 'adda' (44.5 per cent), disobedience (18.0 per cent) and extravagance (13.0 per cent) were important factors

behind the hitch between respondents and parents. It was found that due to lack of parental control at an early age and receipt of higher amount of pocket money from family, some youths were more likely to stay outside in order to gossip with friends. Whenever they were short of pocket money that moved towards gambling and drug - peddling, they often wander here and there with a view to collect drugs. We produce below a case history to show how adverse family violence had compelled him to take to anti-social behaviours including drug-addiction.

CASE-1

Mr. X is a 35 year old Hindu, hailing from a lower income group. His father was working in the burning ghat. Father is an alcoholic and a violent person. Fathers married for the second time while the first wife was alive. Mr. X is the eldest among the 15 children.

Due to this situation Mr. X was forced to discontinue his studies. As a child, Mr. X was a very sensitive, short tempered and demanding child. Emotionally disturbed and unpleasant childhood experience of Mr. X led him to take up to deviant behavior, like indulging in petty thefts, absconding from home, smoking and gambling etc. As an adolescent, Mr. X indulged in premarital sex and his drinking history, beginning at the age of 16, progressed over the last 19 years and for the last 4 years he has been a regular and excessive addict.

Mr. X got married at the age of 24 to a girl of his choice. She is an illiterate girl from a poor but close-knit formal family. They have two daughters and one son aged 10, 7 and 5 respectively. The first few months of marriage went of smoothly till she got pregnant. It was during her pregnancy that the first instance of violence took place, over a trivial issue when he slapped her in public. She felt ashamed to share it with anyone. Since then any trivial issue was enough to provoke him. For example, if she asked for money for household expenses, he would say that she was nagging him and he would react by throwing the plates at her face, finding fault with her cooking; hitting her with a grinding stone, pulling her hair, throwing a breaking household articles, utensils, setting fire to the clothes etc. If anyone intervened he would turn physically violent against them too.

Unable to bear this, Mr. X's wife has left him and gone away to her parents. He

would abuse all her family members. Unable to bear this torture, the wife threatened to commit suicide.

The results of the enquiry distinctly show that family has a special role in relation to the initiation to the use of psychotropic drugs. Case histories, personal observation as well as survey data reveal that family is the first environment where youths are influenced by drug-use. Data also show a close relationship between family disorganization and drug-use.

A Study Among Some Bengali Families Where at Least one of the Offsprings is a N.R.I.

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Key Word: Non resident Indians, family, offsprings, parents, status, relationship.

Abstract: People from West Bengal has migrated to foreign countries in search for better opportunities. The present study is made on 55 families residing in Calcutta and its vicinities. The reason fro migration, educational background, occupation, financial support etc are given attention. Emphasis is given on the parents of the N.R.I.s. Their role and relationship with their offsprings and the latters' children.

From time immemorial people are moving in search of better life and resources. It is the characteristic feature of man to travel to foreign land in search of fortune. Prehistoric people moved for hunting and gathering. During Neolithic age they moved for better pasture and fertile land. With the discovery of navigation in the deep sea, men left their own continent and moved into a different one.

"Migration is normally viewed as an economic phenomenon. Though non-economic factors obviously have some bearing. Most studies concur that migrants leave their area of origin primarily because of lack of employment opportunities and in the hope of finding better opportunities elsewhere" (Safa, 1975).

THE PROBLEM

The present disquisition is on the families where there is at least one individual living and earning abroad. India has got a tradition for joint or extended family. This type of family includes the parents and their married sons with their spouses and offsprings (Kapadia, 1968). In a traditional joint family all the individuals have specific role and relationship with each other. The older generations are responsible for the well being and upbringing of the younger members. When the latter becomes capable of earning he orn she is required to take care of the older members.

With the on set of colonialisation in India the Western World became the

attraction for higher education.and job opportunity. People started migrating to Great Britain. This kind of population movement from India to abroad had accelerated after independence. A large number of young men and women with technological and professional training have made their home in foreign countries. Parents of such people were left back in India. The parental motivation is an important factor for instigating young men to move abroad. Better job opportunity and improved standard of living often caused people to prefer foreign land to their native country. Almost two generations are at present residing abroad with the non-resident Indian Status (N.R.I.). In the old age of their parents the traditional method of family structure, function and bondage are lacking. The offsprings residing abroad have mostly have their own family there. Sometime N.R.I. is married to a foreign spouse but most of them procure their spouses from the motherland. The grand children are mostly born in a foreign land and are raised and educated abroad.

In the present study an attempt is made to find out the change if any of the three generations. The first generation being the parents whose offsprings have gone abroad and become N.R.I. Next the N.R.I. themselves and their children.

The study is made on both social and economic level. It has been researched to look at the financial condition of parents staying in India whether they receive any financial help from abroad or not. The traditional family values both in terms of ritual and social aspects are studied. This is mainly done on those staying back in India. Finally the formers' role and relationship in a family and among the grand parents and grand children are examined to find out the exact nature of drainage of population from India to abroad not only in terms of brain drain but also erosion in social and economic values of the long standing tradition of India.

Universe

The universe of the present study is the parent of those offsprings who are staying abroad. The parents were identified by personal contact. Fifty-five families were identified at the time of the study. The present study was conducted in Calcutta, Howrah, Bally and Uttarpara area of West Bengal.

Persons Staying Abroad

Everyday, thousands of people in under-developed and developing countries leave their places to find a new way of life (Joshi, 1999). A large number of Bengali people left their own country in the hope of finding opportunities for achieving maximum satisfaction in foreign land. In the present study it is found 70 offsprings of 55 families reside in different countries and have become NRIs. Out of these 77.14% are married and they have their own family there. Among the NRIs married 85.19% procured their spouse from the motherland and 14.81% are married to foreign spouses.

N.R.Is in the present study are residing in different countries such as U.S.A., U.K., Canada, Australia, South Africa, Jamaica, U.A.E. and Taiwan. 70.16% persons reside in U.S.A. 13.71% persons live in U.K. 7.26% are the inhabitants of Canada. Equal percentage of persons (1.61%) live in Australia, South Africa, Jamaica respectively. 3.22% persons live in U.A.E. Only 0.81% person lives in Taiwan.

The study is made for the migration between years 1964 to 1998 and it is found that percent of migration abroad is increasing through time. In 1964 and 1969 it was 4.29%. In 1994 to 1998, 34.78% people went abroad.

Reasons for going Abroad

Table no. 1 Reasons for going abroad of the NRI

Persons	For higher studies	For better job and better living	Called up by relavites	Marriage partner staying abroad	Total
Male	20(46.51%)	14(32.56%)	9(20.93%)	-	43(100.0%)
Female	6(22.22%)	3(11.11%)	4(14.81%)	14(51.86%)	27(100.0%)
Total	26(37.14%)	17(24.29%)	13(18.57%)	14(20.00%)	70(100.00%)

From above table it is clear that maximum of the male members (46.51%) went abroad for higher studies and maximum female offsprings (51.86%) went because their husbands stay abroad.

Support for going

It is not possible to go to abroad without financial assistance. In the present study it is found that 27.14% persons obtained financial support from scholarship/fellowship. Partial scholarship with parents' assistance helped 12.86%. 11.43% people went abroad by parent's financial assistance. 11.43%, 15.71% and 7.14% persons obtained the support for going abroad from job, husband's assistance and by own finance respectively. Dowry assisted 4.29% to go abroad. 10% are supported by the relatives who were already staying abroad.

Education

Education is not a fixed characteristic. Education attainment can change at any time. In the present study it is found that maximum persons went abroad for higher studies. Migration may be either the cause or consequence of such educational change.

Table no. 2 Educational status at the time of going abroad

Persons	School final	H.S	Graduate in general course	Graduate in professional course	P.G in general course	P.G. in professional course	Ph.D	Total
Male	-	3 (6.98%)	3 (6.98%)	12 (27.91%)	10 (23.25%)	13 (30.23%)	2 (4.65%)	43 (100%)
Female	-	1 (3.70%)	8 (29.64%)	-	16 (59.26%)	1 (3.70%)	1 (3.70%)	27 (100%)
Total	-	4 (5.71%)	11 (15.71%)	12 (17.14%)	26 (37.15%)	14 (20.00%)	3 (4.29%)	70 (100%)

Table no. 3 Attainment of education of offsprings after going abroad

Persons	School final	H.S.	Graduation		Post graduation		Ph.D	Total
			In general course	In professional course	In general course	In professional course		
Male	-	1 (2.32%)	2 (4.65%)	10 (23.26%)	2 (4.65%)	10 (23.21%)	18 (41.86%)	43 (100%)
Female	-	1 (3.70%)	6 (22.22%)	-	13 (48.16%)	1 (3.70%)	6 (22.22%)	27 (100%)
Total	-	2 (2.86%)	8 (11.43%)	10 (14.28%)	15 (21.43%)	11 (15.71%)	24 (34.29%)	70 (100%)

The above tables show the educational status of the NRIs at the time of going abroad and attainment of education after going abroad. These tables indicate the variation in the education before and after going abroad. Much increase at the level of post graduation and Ph.D. is found.

Occupation

4.29% NRIs are whole time student and 7.14% are student with one secondary occupation. 11.48%, 14.29%, 7.14% and 12.85% people are clerks, executives/officers, businessmen and skilled technicians respectively. Academician and researcher are 18.57% and 4.29%. Scientists and Professionals are 5.71% and 4.29%. 10% of the female are housewives.

In the present study housewives and students are considered under employed category because housewives are homemakers and students are earning either from scholarship/fellowship or by secondary occupation.

The annual income of the 30.16% NRIs range between 15K to 25K per annum. 9.52% have income above US $ 85K.

30% are staying abroad for the last 5 years. 24.28% are staying abroad for about 10 years. 8.58% are staying abroad for more than 26 to 30 years and above.

A large number of persons (61.43%) who are staying abroad gave up their Indian citizenship and received the citizenship of foreign countries. Some have applied for citizenship of foreign countries (10%). Others live as residents (28.57%).

The plan of Settlement after Retirement

The migrant after going abroad and staying there for sometime, compares the standards of life at both the places i.e. India and abroad and this makes up his mind about his future prospects of permanently settling down abroad.

70% has decided to stay abroad after their retirement. They are not interested to give up various opportunities available abroad. 11.43% has decided to come back to India. On the other hand 18.57% persons have not yet decided whether they will stay abroad or return back to India.

Frequency of visit in India

NRIs come to India to visit their parents. Maximum (22.86%) come to India at 2 year's interval. 20% people come to India every year, 14.29% at 1 year's interval, 17.14% at 3 to 4 years' interval and 14.29% irregularly. 15.14% have not yet come to India and they only went abroad for the last 1 to 6 years.

Festivals

Most of the N.R.I. have a great love for festival of Bengal and they also participate in the local festivals and ceremonies of abroad. They participate in Durga Puja, Dewali, Saraswati Puja, Banga Sanskriti Sanmilan and Celebrate Rabindranath Tagore's birthday. They also celebrate X-mass and New Year's Day. 81.45% N.R.I. participate in Bengali festivals as well as other local festivals abroad. It indicates most of the migrants

preserve their culture and faith by celebrating festivals at the place of migration. 6.45% persons never celebrate Bengali festivals. 12.1% persons do not participating in any festivals because where they live no Bengali festivals are organized and they are not interested to participate in local festivals.

Parents staying in India

In our country older generation are responsible for the well being and upbringing of the younger members of the family. The offsprings can learn a lot from the close contact with the old people. On the other hand in the old age one is likely to grow more and more helpless and so are dependents on others in the day to day living. Usually such help is expected from one's offspring (Desai, 1987). A large number of young men and women have made their home in foreign countries. Parents of such people are left back in India. In their old age traditional method of family function and bondage are lacking. The offsprings residing abroad mostly have nuclear family there.

Parental Motivation

The parental motivation is an important factor for instigating the young men and women to move abroad. 97.75% parents motivated their offsprings to go abroad. The idea is that there are lots of scopes for earning money abroad and the system of learning is quite modern and developed. The educational degree from abroad is of much value to them. The parent also think that facilities are more abroad well than those in India. Only 2.25% parents did not want their offsprings to go abroad because they were afraid of loosing the support of their children at their old age.

Support from Offsprings

Traditionally when the parents become older more and more family responsibilities are assigned to the son (Desai, 1987). At present daughters also take the responsibility of their parents in their old age.

Financial support: Financial support from offsprings is one of main support in their old age. Financial support from offsprings staying abroad helps parents to live comfortably.

Table no. 4 Financial support from the offsprings to the parents

Offsprings	Regularly	Whenever necessary	Not necessary	Total
Male	24 (55.81%)	6 (13.95%)	13 (30.24%)	43 (100.0%)
Female	8 (29.63%)	5 (18.52%)	14 (51.85%)	27 (100.0%)
Total	32 (45.71%)	11 (15.71%)	27 (38.58%)	70 (100.0%)

From the above table it is clear that maximum number of sons (55.18%) send financial support regularly. From the present study it is found that two or more sons of one family are staying abroad and in that case parents are taking financial assistance from each sons individually.

Daughters also send financial assistance to their parents regularly and whenever necessary. Parents of 15.71% offsprings receive financial support in time of necessity. They received the money occasionally for maintenance of their home or to buy any essential good. Parents of 38.58% offsprings do not want to accept any financial assistance from offsprings because they think that they have enough money to meet their regular expenses.

Mental Support: Offsprings usually keep contact with their parents over telephone or through mails. This provides mental support.

Support from Daughters-in-law & Sons-in-law

In Indian tradition daughter-in-law looks after her mother-in-law and father-in-law as her own mother and father, respect them, obey their advise, help them in different work. The mother-in-law helps daughter-in-law to familiarize with domestic activities. The father-in-law looks upon his daughter-in-law as his own daughter. The son-in-law has a very formal relation with his parents-in-law (Murdock, 1949). Sometimes son-in-law is almost playing the role of the son.

In the present study daughter-in-law and son-in-law are staying abroad. So typical

bondage of relation between parents-in-law and their daughters-in-law and sons-in-law are lacking. Most of the daughters-in-law (68.75%) and sons-in-law (95.45%) keep contact over telephone or by mails.

It is also found in some cases language is big problem between parents-in-law and foreigner daughters-in-law and sons-in-law.

Parents-in-law do not accept any financial assistance from their daughters-in-law and sons-in-law. When they come to India they bring the gifts for their parents-in-law and other relatives.

Frequency of visit of the parents to their offsprings

In some of the families either mother or father went abroad, so the frequency of visit of mothers or fathers to their offsprings are represented separately.

55.76% mothers and 62.16% fathers in the present study did not yet visit abroad. 25% mothers and 18.93% fathers went abroad to meet their offsprings for once only, 11.54% mothers and 13.51% fathers went abroad for 2 to 3 times. 3.85% percentage of mothers went abroad 4 to 5 times and 3.85% go regularly. 2.70% fathers went abroad 4 to 5 times and also 2.70% fathers go abroad regularly. Most of the parents (56.76%) went abroad on their own money and 43.24% went abroad by the financial assistance from the offsprings.

Feeling of parents about abroad

When the parents went abroad for the first time their joy knew no bound as they got the company of offsprings, daughters-in-law or sons-in-law and grand children. But soon they become bored and felt lonely because for the most part of the day they were deprived of the company of their offsprings and other family members. Since most of the people were busy in their profession. Moreover they did not fit well with the culture of abroad. Their experience about abroad is that the country is very clean, pollution free and well equipped with all kinds of modern gadgets.

Dependence of Parents

In India traditionally in the old age people become dependent on the offsprings. Generally oldest son takes the responsibility of his parents in old age (Pillai, 1987).

Table no. 5 Dependence of parents

DEPEND	NO. OF RESPONDENT	PERCENTAGE
ON SPOUSE ONLY	22	24.72
ON SERVANT ONLY	14	15.73
ON OFFSPRING ONLY	10	11.24
ON SPOUSE AND SERVANT	22	24.72
ON SPOUSE AND OFFSPRING	14	15.73
ON SERVANT AND OFFSPRING	3	3.37
ON SPOUSE, SERVANT AND OTHER RELATIVE	4	4.49
TOTAL	89	100.0

From the present study it is found servant plays an important role. 24.72% respondents who depend on their spouse only, are much worried that if either of the two will pass away who will look after the other. 11.24% depend upon their other offsprings who are staying in India. It is also found that 4.49% respondents depend upon relatives along with their spouse and servant.

Parents are missing their offsprings very badly, but at the same time they do not grudge the success and happiness of their offsprings. They very much feel the absence of their offsprings specially at the time of need and at the time of any social occasion. Mothers do not get any interest for cooking the dishes, which their offsprings preferred when at home. Usually the parents are quite lonely.

Grand Parents and Grand Children

Children grow with awe for the knowledge of their grand parents and are deeply attached to them because of the love and care they give to the grand children (Sur, 1973). In the present study all grand children live away and apart from their grand

parents. As a consequence no close relationship between them has grown up. All the grand children under the study are born and brought up abroad.

21.43% grand children are keeping touch with their grand parents directly and 78.57% grand children get to know about their grand parents through their parents.

Language is often barrier between grand parents and grand children. Most of the grand children (60.71%) do not speak Bengali. Their accent is also different. So it is sometimes difficult for grand parents to understand their language.

Grand parents always want the company of their grand children. In most of the cases grand parents said that the food habits and dress patterns of the grand children are different from Indian styles. Most of the grand children refuse to eat Indian food everyday.

According to grand parents their grand children recognize India, as their ancestral land, but their impression about India is that the country is noisy, polluted, over crowded and dirty. On the other hand they enjoy the company of their relatives when they are in India, which they do not get abroad.

Summary and Conclusion

With the onset of British rule in India the western world become the attraction for higher education and job opportunity. Indian people started migration to Great Britain. This kind of population movement from India had accelerated after independence. A large number of young people with technological and professional knowledge have made their home in foreign lands. The parents are usually left behind.

In a traditional family all the individuals have specific role and relationship with each other. The older generation is responsible for the well-being and up bringing of the younger members. On the other hand the younger members when become capable of earning are required to take care of the older members. In the old age of parents whose offsprings are staying abroad the traditional method of family structure, function and bondage are lacking.

In the present study an attempt is made to find out the change if any of the three generations. These three generations are parents of N.R.I. offsprings, N.R.I. offsprings

and the children of N.R.I. This study is made on both social and economic level.

From the present study it is possible to come to the following conclusion.

A large number of young people have gone abroad for higher education, better job opportunity and were called up by relatives which was another cause for their going to abroad. A large number of females have gone after their marriage. Parental motivation is an important factor for inspiring offsprings to move abroad. Persons are residing in different countries such as - U.S.A., U.K., Australia, South Africa, Jamaica, Canada, Taiwan and U.A.E.

Supports of persons for going abroad were full scholarship/fellowship, partial scholarship/fellowship, parent's financial assistance, own money, dowry and husband's financial assistance. N.R.Is are engaged in different occupation such as student, business, clerical job, professional job, technical job and academician etc. Their income vary from 15K to above 85K in US $ per annum.

70% offsprings and 74.08% of their spouses staying abroad have decided to stay abroad after their retirement because they are not interested to give up the various facilities available there. Most of the N.R.Is (61.43%) have taken citizenship of foreign countries.

Most of the persons (81.45%) staying abroad participate in annual Bengali festivals and it indicates their cultural identity and sense of awareness of their culture.

Maximum parents (45.45%) receive financial assistance from offsprings. It is help for upliftment of family's economic status. A section of parents (38.58%) do not want to accept any financial support from their offsprings because they think they have enough money to meet their regular expenses. Parents do not take any financial assistance from daughters-in-law and sons-in-law. Offsprings and their spouses keep touch with their parents over phone or by mail.

41.57% parents went abroad. Most of them (56.76%) went abroad with their own money. When parents went abroad they were extremely happy to meet the offsprings and their family members. They were moved by cleanliness and pollution free atmosphere of abroad. When parents were abroad they did not get the company of the

offsprings and their spouses and their children for a maximum time of day because the latter were busy at their work place or school etc for most part of the day. As a result they were bored and felt lonely after a few months. Moreover they did not fit well with the culture abroad.

In India in the absence of offsprings, servants play important role in looking after the parents in their old age. 24.72% parents depend on their spouse only. They worry in thinking of the day when either of the two will pass away and the other will be alone. 11.24% and 4.49% respondents respectively depend upon offsprings only and relatives along with spouses and servant.

Language is big problem between the grand parents and grand children. Food habit and dress pattern of grand children are different from Indian style. Grand parents are always eager to keep touch with their grand children. 78.57% grand children keep contact with their grand parents through their parents and 21.43% grand children keep touch with grand parents directly over phone or by mails.

Thus it may be said that several types of changes are taking place due to migration. Migration improves economic condition of the parents, but on the other hand traditional family bondage and role and relationship of family members are lacking due to population movement from India to abroad.

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Biswakarmas, of boat and their traditional knowledge of boat building in different environments with special reference to West Bengal

SWARUP BHATTACHARYA

Key Words: Boat, builder, Rajbangsis, water, wind, fishing.

Abstract: Biswakarmas, the boat builders of West Bengal, are not the representatives of a particular caste. On the contrary they rather represent a particular group. The traditional knowledge of boat building is transmitted along the successive generations following the age-old concept of 'guru-sishyo parampara'. The shape of the boat is immensely influenced by the environmental factors and the skill of the boat builder depends on how much excellence he could achieve in building a boat.

Biswakarmas of boats are actually the boat makers. The literal meaning of the term is *'bisser karmo jini karen'* (in Bengali), i.e., one who performs the constructive work of the universe. Keeping this concept in mind, the boat makers ascribe themselves as *Biswakarma*. This is the traditional concept in Hindu Mythology where god *Biswakarma* is ascribed as the deity or god of architecture. *Biswakarmas* are found all over in West Bengal specially in the riverine areas, excepting the 'Rarh Banga', i.e., in Bankura, Birbhum, Purulia and northern part of Medinipur and western part of Barddhaman districts.

Biswakarmas do not represent a community as such; rather, they form a guild, which means, a group of people performing their duties for a common object and goal. The common goal here is to construct a flawless, purposefully good boat.Biswakarmas mainly subscribe to Hinduism, but, a few Muslims are also seen to be engaged in boat making in the present day, though this is not their family based occupation. Boat building is not a caste-based occupation either as it is seen sometimes to be a family tradition too. But the most interesting aspect of it is that, its base purely rests on 'guru-sishyo parampara'; where a *sishyo* (disciple), mainly coming from the lower stratum (irrespective of caste and creed), tries to acquire every possible knowledge from a *guru* (teacher). The guru, on the other hand, transmits his lifetime achieved knowledge to his students, but who is going to be the actual representative of the guru for the next generation with all the secret skills of the guru, is always decided by the teacher himself.

Considering the origin i.e. the birth of the boat makers, two distinct divisions can be sought, of which, one belongs to those people who have their origin in West Bengal and have been practising this occupation since the last three generations. The other division belongs to those persons who owe Bangladesh as the place of origin but have left their birthplace and shifted to West Bengal either in 1947 or in the recent past like 1971.

The boat builders who belong to West Bengal are dicussed now.

In Balagarh *Rajbangsis* are the traditional boat builders. A few families can even trace their occupation of boat building upto preceding six generations. The Rajbangsi are fisherfolk communities who still pursue their traditional occupation of fishing but some of them are expert boat builders now. Some Muslims of Tentulia of Balagarh are also now building boats. They acquired their knowledge from their neighbouring *Rajbangsi* community.

Dihimondolghat of Shyampur Police Station, Haora District has yielded a stock of boat makers, who are equipped with an exceptional skill of 'V' shaped boat making, which is an exclusive feature of the place, and are representatives of *Namasudra* caste.

In Moyna, District Medinipur again, a cluster of boat builders, skilful in building *pauka* (a boat variety), are found who belong to the *Rajbangsi* caste.

Another variety of pauka, slightly different in structure than the *moyna pauka,* is found in Bachurmari-Kendamari region (P.S. Nandigram, District Medinipur). In this region boat builders belong to both Hindu and Muslim religion and among the Hindus they belong to *Namasudra* and *Mahishya* castes.

On the other hand the group of boat builders representing the latter division (migrated from Bangladesh) are mainly found in the bordering districts of West Bengal and Bangladesh and they belong to *Namasudra* caste group.

While fashioning a boat, a boat builder has to keep in mind two very important factors, like geophysical environment and the function of the craft. The geophysical environment again has four important sub factors like the **wave, depth** and **current of water** and **wind velocity.**

Henceforth, the overall varieties of boats, made by the boat builders, residing in different places of West Bengal are discussed, which is very likely to differ from place to place, as long as the fore-mentioned factors, are considered.

Let the **wave** to be considered as the first factor in fashioning a boat. Keeping wave as an external factor in Balagarh, boats are made of two types

a. Boats capable of plying in low wave water.
b. Boats capable of plying in wavy water.

The features found in boats belonging to the first category is low stem and stern, low depth and shallow curvature.

On the other hand boats belonging to the second category feature characters like high stem and stern, bigger depth and deep curvature.

The motive behind the shape of boat having high stem and stern with bigger depth and deep curvature is to prevent the swirling water from coming into the inner hull. But boats plying in low wave water need not have to take this preventive measure unnecessarily. With this sleek model these boats achieve desirable smooth cruise and also cut down the expenditure.

It is seen in Balagarh of Hugli district that two varieties of boats are made for two different seasons: pre monsoon and post monsoon. Boats made for pre monsoon season; ply only in those places, which are placed northerly from Balagarh, i.e. Murshidabad and Nadia districts. These boats are categorically termed as *uttorer nouko*, i.e , boats for the north. As these areas have low water wave, the boats have ideal features of category one (plying in low waves). Lower stem serves a vital purpose in the low land areas of Murshidabad region. After harvesting jute in the marshland, it is stacked and transported in the boat. A low stem boat requires minimum effort to tow it manually. The second type of boat made in Balagarh is termed as *dokkhiner nouko* or boats for the south, i.e., boats capable of plying in wavy water.

Hasnabad located in the district of North Twenty Four Parganas, on the other hand, is seen to concentrate on the length of the boat, especially during the monsoon season. According to Nitai Majumdar and Ganga Prasad Das (*Biswakarmas* of Hasnabad), the length of boat has to vary according to the wave condition of water.

Their concept of high and low wave is estimated according to their knowledge. The minimum measurement of the span of two successive waves, in low wave water of Hasnabad, is less than twenty eight *haat* (one *haat* is 18"). Again the same measurement varies from twenty eight to thirty haat in high wave water of *'baronodi'*, i.e. river *Raimongol,* which again includes an extra small wave in between two bigger ones. Therefore, for good and safe sailing a boat of low wave region, measuring twenty six to twenty eight *haat* lengthwise, will suffice the purpose without hindrance. But the boat, made for plying in high wave condition has to be twenty eight to thirty *haat* in length, so that, it can board the crest of two bigger waves and an intermediate smaller wave at a time or else the stem would get trapped in the in between trough of waves.

Considering the **depth of water**, again, some varieties are noted in building watercrafts. A river with greater depth is suitable for any kind of boat having round shaped, 'V' shaped and flat bottomed hull (trough of boat). But the problem appears when the depth of the river is shallow like the rivers of North Bengal like *Tista, Torsa, Jaldhaka, Mahananda, Raidhak, Sankos* and so on. These rivers have extensive lateral expansion, where the depth is comparatively very low (sometimes it measures even two to three *haat*, i.e., three to four and half feet). So boats suitable for plying in these rivers should have flat-bottomed hull and shallow depth, so that they could have good buoyancy by displacing greater quantity of water with there bigger surface area. The name of the ideal boat having all these features is *kosa*, which is very much in vogue in North Bengal. Though *kosa* is widely used it still has some trouble in moving against the current and rivers of North Bengal which have a perpetual water current in them. It is seen that greater the surface area, greater is the friction and hence slower is the speed of a boat. So boats of these regions face this natural problem usually. But, again, a device has emerged to overcome this problem like dragging the boat along the river by a rope, which is done by a person walking along side the bank, called *gun tana.*

Current is another important factor that needs elaboration. With fluctuations in water current the structure of watercraft changes. To ply smoothly along a river with high current, the main point to be considered is minimization of the contact surface of the watercraft to lessen friction, which normally slows down the speed. To minimize the contact surface a boat has to be narrowly shaped with lesser width. An ideal example of such spindle like boat with 'V' shaped medial cross section widthwise, is chot, of *Rupnarayan* river, with again some regional variations. In fashioning a boat, along with current another factor is also considered, which is purpose. It is seen that the chot of

Nurpur and Noynan of district South Twenty Four Parganas is basically used as tug boat to the *khorokisti* (a huge cargo boat carrying straw), which is fashioned with narrow width. Sometimes it is also seen to serve another purpose where it is used as a fishing boat with some temporary technical adoptions. For 'V' shaped boat, interaction between drag friction, tilt resistance offered by water, centre of gravity and centre of buoyancy orientation rendered them instability. So, in order to stabilize it, the method developed by lading the *chot* with boulders, results in the boat getting immersed a little more thus increasing the vertical distance between centre of gravity and centre of buoyancy favourably. But the *chot* of Jhumjhumi and Saibene of district Haora is found with wider width than the previous mentioned chot. It is used only as a fishing boat. Thus it is seen that in general the *chot* have a spindle shaped structure as the regions where they ply have more current in streams. Another accessory structure is found, in common, in such boats which is called a keel, and helps in dividing the water equally along the path of the floating boat.

Considering **wind velocity** as a factor the structure of boats is altered according to necessity. Boats plying in the region having high velocity of wind have lower stem in order to avoid the hindrance given by the wind, when these sail against the breeze. But higher stern helps the boat to move smoothly as it utilizes the thrust of the breeze given from behind and moves faster. Another important accessory structure, called mast with sail, is utilized in order to sail with the wind velocity. But, a boat having both mast with sail and keel is capable of plying in every direction, no matter in which direction the wind blows.

Considering **purpose** to be a factor boats are broadly found in three categories, viz.:

* Cargo
* Fishing
* Ferry

Cargo boats are usually of two varieties, of which one carries the load on the deck (colloquially known as *opor loder nouko*). To keep the centre of gravity in a position of equilibrium the boat is fashioned in a shallow expanded fashion to compensate the load carried on its deck. As it is earlier said the expanded shallow hull structure is built to increase the contact surface. The cargoes usually carries in this way straw, jute, etc. and examples of such boats are *khorokisti, sangor, betnai*, etc. found in Sundarban region. The other variety of boat is seen to carry the load inside the deck (colloquially

known as *whiter older nouko*). These types of boats have greater depth to provide space for carrying cargo. The usual cargo carries in this way is sand, brick, tiles, boulder, etc. and examples of these types of boats are *sultani, bhar, pansi, merli, ghasi, bhedi, bali tolar nouko, mati tolar nouko, dholai,* etc.

Fishing boats on the other hand, are fashioned according to, the device of fishing, used by fishermen. The boats by which fishing with nets is done are built differently according to different size and type of nets. Boats in which fishing with the help of fishing hooks is done have a different structure for convenience. Again boats where fishing with framed nets (*nao bhaesali*) is done also have a different structure for better manipulation of nets.

The **ferryboats** (*kheya, tabure, dingi*) are specially framed to carry passengers. The structures of such boats vary according to the nature of the stream on which they ply and such variations have been discussed earlier. But the special feature found in such boats is the factor of convenience for the passengers for boarding and de-boarding them. In the streams full of current the boat makes the contacts through its head region at the bank where as in the streams with low current the contact is made through its middle part at the bank. In both occasions the level of the head region and the middle portion are kept more or less at equal plane to that of the banks, so that it becomes convenient for the passengers.

Now, special features of boats found plying in different ecological niches of West Bengal are discussed herewith.

Chot: 'V' shaped structure with keel, specially plying in the regions having high water current.

* *Chot-Salti: Char ana*, i.e., ¼ anterior part is 'V' shaped and baro ana, i.e., ¾ posterior part is 'U' shaped. This is called chot salti because a blend of *chot* and *salti* is found. This is an evolved structure of *chot* because at present, high salutation has caused a difficulty for the 'V' shaped *chot* to ply, as it is getting tilted quite frequently due to salutation at the area. So to overcome this difficulty an expanded posterior part is made.

Pauka of Bachurmari-Kendamari: Presence of projected side plank on either side of the flat-bottomed hull acts as keel. As these boats ply on water having current, these have evolved the above said feature, where as the *pauka* of Moyna region, having very nominal current are devoid of these features.

* *Sultani* and *Khorokisti* : The special features of sultani and khorokisti are the

presence of keel along with mast and sail. This is so because, with the help of wind velocity, these boats can move in every direction utilizing the keel part.

The imagination of the boat builders gets its practical reflection in the skill, which they execute in fashioning a boat. This is not an easy task because without the formal learning of ecology, geography and physics the boat makers have achieved an excellent knowledge in the field of boat making, keeping pace with the changing environment and updated purposes. As is said earlier, the knowledge of boat making is acquired for generations and at the same time transmitted to the future generations with necessary modifications and adaptations. This is called continuity of knowledge. Thus one comes across various types of watercrafts, of different regions, with various evolutionary changes. So to study and learn about watercrafts one probes into the boat varieties like *saranga, kosa, baro mar, bhedi, ghasi, goluiya, merli, gujara, trawler, trawler-salti, bali tolar nouko, mati tolar nouko, bhusi maler nouko, tabure, haature, dholai, benai, khanjai, sangor, sultani, khorokisti, chot, chot-salti, pauka, peuko, balam, salti, khorosalti, bhar, pansi, kolige bachari, kailey bachari, chande bachari, jele bachari, dingi, taler donga, aek tiner donga, patia, batali, hala,* etc. which carry the trace of history, tradition and evolutionary changes along with the excellent execution of skills of the boat makers. To the present author, the lifelong concept of the lavish *mayurpankhi* has no significance as practically it is seen that any boat can be called a *mayurpankhi* as long as a cutout of peacock's head is attached to its stem. Likewise other names are also seen like *tiathuti, sukpankhi, matsomukhi, makarmukhi, gajomukhi, singhamukhi,* etc. where the stem head part has a cutout structure of the head part of the above mentioned animals respectively. So with this, it is concluded mentioning the fact that, the technology originated and evolved during the ancient to modern times in manufacturing watercraft carry an unforgettable art of age-old traditional as well as modern culture, which can never be forgotten. The boat builders without getting their rightful recognition have been, are and will be, doing their part of job, no matter what one says or thinks about them, with their unparalleled practical knowledge of the environment as their only tool.

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Traces of neolithic culture in west Karbi Anglong: A preliminary observation

Suvro Dey & Ranjana Ray

Introduction

The paper is a minor venture to find out the Neolithic background of the western part of Karbi Anglong district of Assam. The present study attempts to make a general survey of the archaeological aspects in West Karbi Anglong and their potentialities. However, the geographical location and geological background indicates a rich and promising area for archaeological research, which is yet to be explored.

The Area and Geology

Assam, one of the loveliest states of India, accommodates her further lovelier hill district Karbi Anglong as the homeland of colourful Karbis. The autonomous district Karbi Anglong of Assam is situated in the remote corner of north east India. The Karbi Anglong was previously known as Mikir Hills. The district has three subdivisions Diphu, Bokajan and Hamren. The present investigation is mainly concentrated on the western part of the Karbi Anglong which lies under the subdivision Hamren and is located at a height of 480m (AMSL). Most of the areas are covered by thick forest and Jhum fields and the density of population is very low.

The research area falls within the latitude of 92°8' and 93°51' E to 25°51' and 26°34' N and lies on the great Shillong plateau, comprising hills and thick forests. Geologically, Karbi Anglong's southern and eastern flanks are covered by peneplaned surface of gneissic rocks, the latter covered by the sediments and the northern side is covered by the Barail range which is of post Oligocene sedimentary origin and extends to the Naga hills. The Killing and Kopily are the main rivers of West Karbi Anglong. The other rivers are Yomuna, Dhansiri, etc. The area experiences heavy and regular rain fall in summer and reverse the case in winter and similarly the temperature increases in summer and is very low in the winter (Goswami, 1960).

The People

The Karbis, popularly known as Mikirs, constitute one of the most important tribes of north east India. They are also known as Arleng which means laymen. Racially, the Karbis have got affinity with that of the Mongoloid race with epicanthic eyefold and the height varies from medium to short stature with yellowish tinge in skin colour. Linguistically these people belong to the Tibeto-Burman stock. The original homeland of this tribe was in western China from where they entered to north eastern India in one of their waves of migration and settled in Karbi Anglong and in some pockets of North Cachar hills, Kamrup, Nagaog, Jorhat and also in the Khasi and Jayantya hills of Meghalaya. From the view point of habitation, the Karbis have the following groups *Ronghang, Chingthong and Amri.* Those who live in the plains are called *Dumrali.* The Karbis are patrilineal and the line of descent can be traced through male members only. Monogamy is generally practiced although polygamy is not uncommon. The Karbi culture is prominent for traits like *Jhum* cultivation. Besides bamboo has got a central position in their material culture and in their rich folklore (Bhattacharjee, 1986).

The Present Endeavour

Recently, the prehistoric archaeologists have become enthusiastic about the prehistoric background of the north eastern states and have carried out extensive researches to put this part of India in the map of world archaeology. Quite a number of articles have been written about the political and cultural history of the Karbis of Karbi Anglong, where as very little is known about it's prehistory. It is only very recently that a picture of its prehistoric cultures has begun to emerge.

On the other hand there is no sufficient information regarding the Neolithic aspects and about the distribution of megaliths in the said region. A study of the stone artifacts specially the Neolithic tools and megaliths scattered in the western part of Karbi Anglong have been made. A correlation of the above mentioned features show similarity with the similar findings of other parts of India and abroad especially the south east Asia (Dey, 1996). In this study, an attempt has been made to understand the cultural origin, affinity and chronology of the Neolithic tools and the megaliths. In Karbi Anglong the only reliable source of Neolithic information is dependent upon the collection of Neolithic celts from the *Jhum fields* and from the houses of the hill Karbis which they have collected from the *Jhum fields.* So to carry out such research, the task

has become more difficult and it has been accelerated by the lack of proper communication.

Exploration of the Area

The aim and the objective of this work is to synthesize the available data and to out line briefly the location of the Neolithic sites in western Karbi Anglong, the study of the typology of the tools collected from the sites and to correlate them with the megalithic remains. In the process of exploration the following steps are taken into consideration: (1) exploration of the stone quarries and road cuttings, (ii) exploring the terraces of the rivers and streams, and (iii) extensive exploration carried out in the Jhum fields. Altogether one megalithic site and three Neolithic sites have been explored.

Description of the Sites

The probable Neolithic sites are located in the Jhum fields which are generally on the hilly terrain covered with shrubs, thick grasses and low dwarf trees. The main rock types of the sites are gneiss, fine grained granite, basalt and crystalline quartz. The site 'Tongklok' (TK) is situated at a distance of 48km from Hamren subdivision. It is a hilly terrain. Three Neolithic celts are collected from the surface of the site by the local Karbis. The site is also of great historical importance because of three big stone elephants, which are believed to be made by the Karbi King Rong Midili, near about 500 years ago. Another promising site 'Hati Pahar' (HP) is located at a distance of 5km from the site 'Tongklok'. It is also a hilly terrain and Jhum cultivated area. Altogether seven Neolithic celts are collected by the local Karbis from the surface of site during the time of Jhum cultivation. This site also reveals a small sized stone elephant in a dilapidated condition in the confluence of the two streams. Another Neolithic site 'Ponja Pahar' (PP) is situated at a distance of 55km from Hamren. It is a hilly terrain and four Neolithic celts are found in this area by the local Karbis. The site 'Tamol Bari' (TB) is at a distance of 3km from the site 'Tongklok' and is located at the foothill regions. The site did not yield so far any Neolithic celts but the most significant findings are the megalithic structures lying in a dilapidated condition in the deep forest. One *dolmen* and three *menhirs* are found in a scattered manner in the site.

Stratigraphic Sequence

One megalithic site along with three Neolithic sites are located on the bank of the hilly stream 'Zerthang'. The stream 'Zerthang' is a tributary of the river 'Barpani' which has its origin in Arunachal Pradesh. The water level of the stream 'Zerthang' increases during summer and reverses the case in winter. Three terraces are observed at the site 'Tongklok' forming on one side of the tributary 'Zerthang' while the other side is covered by the rocky hills.

Out of the three terrace so far identified. T-1 is the highest terrace situated about 5km above from the mean bed level (mbl): T-11 is erosional in nature and is situated about 3.2m above the mbl and T- III is situated about 0.3m from the present riverbank. Terrace T-II and T-III are covered by the Jhum field areas. The riverbed contains granite, basalt, quartz and boulders of various sizes. The observed section lies towards the downstream of the river.

The sequence of the deposits is as follows:

1. Silt - the silt layer lies over the gravel layer and the colour is reddish brown. It is the top most of the section.
2. Gravel - The gravel layer is partially exposed over the water level and is hard in nature. The rudeness of the boulders indicate that these were once carried away by the river action and later deposited on its bank. The size of the boulders vary from medium to small. No artifacts of lithic period are traced from the gravel deposit.

Tool Typology, Material, Patination, Technique and Size

Typologically, the stone tools which mainly consists of Neolithic celts could be divided into three categories:

I. Axe - presence of beveling on both sides to produce cutting edge.
II. Adze - presence of single beveled cutting edge.
III. Chisel - Chisels are mainly quadrangular in shape with thick butt end.

Most of the tools carry flake scars at one end or on both surface and are grounded at the working end. Thus they can again be classified into following categories:

I. Edge ground
II. Fully ground and
III. Flaked and ground

Again, the axes and the adzes may be of shouldered or non shouldered and can be categorized as follows:

I. Shouldered celts
II. Quadrangular celts and
III. Triangular celts

So far the raw material is concerned, most of the tools are made up of sandstone or basalt. Only in one exception, which is made up of zadite.

Almost all the tools are more or less patinated. The colour of the patina varies from tool to tool. It may be gray, black, creamy and off-white.

Tools found in the sites are mostly made on flake and grinding and polishing techniques and are used for the manufacture of the Neolithic celts. In some celts retouching is also seen in the working edge to make the working edge sharper so that the tools can be used time and again.

The size of the tools varies from medium to small and most of the celts are double shouldered adze and a few of them are quadrangular axe.
Average maximum length : (7.4 - 5.1) cm
Average maximum breadth : (6.1 - 4.3) cm
Average maximum thickness : (1.4 - 0.6) cm

The Megaliths

The archaeological exploration in the area led to the discovery of a promising megalithic site. 'Tamol Bari' at the foot hills region. Most of the megaliths are in weathered conditions and are partially buried in the ground. One dolmen and three menhirs have

been explored from the site which are in a dilapidated condition. The Karbis call it Nemasomepi Akarlong which stands for virgin stone. The size of the menhirs varies from 2m to 4m in height and 2m to 3m in breadth. The tradition of erecting stones after the death have not been noticed in the said area. The megalithis are mainly memorial but not burial. This is found as a result of excavation and ethnological evidence among the present day Karbis. Only the worshiping of menhirs in some form is noticed during the death ceremony known as Chomangkan.

A good number of potsherds had been collected from the megalithic site, which are lying in a scattered condition in and around the megalithic structures. The fragments of the pottery mainly consists of the rim, neck and base portions. So far no complete pottery has been collected from the sites. The chord impression of detachment of the pot from the wheel in the base suggests that these are wheel made pottery. The colour is reddish brown. The pottery fragments could be a valuable source for the dating of the megalithic structures in future.

Discussion

The technological and typological features of the collected Neolithic celts from West Karbi Anglong show great resemblance to the north east Neolithic tool typologies, specially with that of the stone industry of 'Daojali Hading' (Sharma, 1987) and Eastern India (Ghosh & Ray, 1966). The few Neolithic celts discovered from the area have great similarities with those of the other parts of Europe and south east Asia also. The similar legend and brief concerns the Neolithic celts, 'Thunder stone' (termed in Europe) and 'Chotora Atchu' (termed among the Karbis). So far the functional values of the tools are concerned, these Neolithic celts were most probably used as a hoe for *Jhum* cultivation in the hilly terrains, like that of the Khasi and Garo hills.

The practice of using the megaliths for magico - religious purposes may be attributed to ancestor worship and as a relic of having spiritual values. The megalithic remains of the region shows similarity with that of the Khasi and Jayantya Hills and also with the megaliths of Manipur which not only belong to updated past but also to the living present (Devi, 1993). The fragments of pottery with chord marks at the base found in the megalithic site shows similarity with that of the Hoanihan context of Thailand (Sharma, 1987). From this it can be assumed that the time period of this culture may vary from 6000 to 5000 B.C.

Finally, the *Karbis* of Karbi Anglong might have some cultural contact with the people of other parts of the Indian subcontinent and south east Asia. Further investigation will provide more data to understand the archaeological potentiality so far the Neolithic culture of West Karbi Anglong is concerned.

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